DOCUMENT RESUME

ED 185 447 CG 014 294

AUTHOR	Whitcomb, Debra; And Others
TITLE	Stop Rape Crisis Center: An Exemplary Project.
INSTITUTION	Abt Associates, Inc. Cambridge, Mass.
SPONS AGENCY	National Inst. of Law Enforcement and Criminal Justice (Dept. of Justice/LEAA), Washington, D.C.
PUB DATE	Oct 79
CONTRACT	J-LEAA-030-76
NOTE	90p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock Number 027-000-00868-2).
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Agency Role; Counseling Services; Crime; *Crisis Intervention; *Demonstration Programs; Females; Program Descriptions; Program Design; *Public Agencies; *Rape; Social Problems; Social Responsibility
IDENTIFIERS	*Louisiana (Baton Rouge)

ABSTRACT

An exemplary project, the Stop Rape Crisis Center in Baton Rouge, Louisiana, which was initially funded by the Law Enforcement Assistance Administration (LEAA), is described. Issues addressed include the following: (1) initial start-up and continuing program assessment; (2) staffing and the use of volunteers; (3) coordination with law enforcement agencies and the medical community; (4) education efforts with the public; and (5) costs and budgeting. The appendices contain sample volunteer application forms, victim and counselor report forms, the rape evidence kit, and training materials. (Author/HLM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED185447

AN EXEMPLARY PROJECT

Stop Rape Crisis Center

Baton Rouge, Louisiana

by

Debra Whitcomb
Deborah A. Day
Laura R. Studen

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Prepared for the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice by Abt Associates Inc., under contract number J-LEAA-030-76. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

CG 014294

October 1979

U.S. Department of Justice
Law Enforcement Assistance Administration
National Institute of Law Enforcement and Criminal Justice
Office of Development, Testing, and Dissemination

For further information concerning the policies and procedures of the Stop Rape Crisis Center Project, contact:

Ms. Vicky Ott
Stop Rape Crisis Center
Office of the District Attorney
233 St. Ferdinand Street
Baton Rouge, Louisiana 70801
(504) 389-3456

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

Stock Number 027-000-00868-2

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

Henry S. Dogin, *Administrator*
Homer F. Broome, Jr., *Deputy Administrator for Administration*

NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE

Harry M. Bratt, *Acting Director*
Susan Oldham, *Project Monitor*

The Stop Rape Crisis Center in Baton Rouge, Louisiana is one of 32 programs which have earned the National Institute's "Exemplary" label. Programs may be proposed for consideration by the operating agency, local government or criminal justice planning unit, State Planning Agency or LEAA office. Those which present the most clear-cut and objective evidence of success in terms of each of the selection criteria are examined by an independent evaluator to verify their:

- Overall effectiveness in reducing crime or improving criminal justice
- Adaptability to other jurisdictions
- Objective evidence of achievement
- Demonstrated cost effectiveness

Validation results are then submitted to the Exemplary Project Review Board, made up of LEAA and State officials, which makes the final decision.

For each Exemplary Project, the National Institute publishes a range of information materials, including a brochure and a detailed manual. Publications are announced through the National Criminal Justice Reference Service. To register for this free service, please write: NCJRS, P.O. Box 6000, Rockville, Maryland 20850.

TABLE OF CONTENTS

		Page
CHAPTER 1:	INTRODUCTION	1
1.0	The Rape Victim's Dilemma	1
1.1	Origins of the Baton Rouge Stop Rape Crisis Center	2
1.2	Goals of the SRCC	4
1.3	Legislative Reforms	6
1.4	Project Staffing	7
1.5	The SRCC Approach to Rape Crisis Assistance	8
1.6	Outstanding Features of the SRCC	9
1.7	Results and Costs	11
1.8	Guide to the Manual	12
CHAPTER 2:	PROJECT OPERATIONS	13
2.1	The Volunteer Component	13
2.2	Coordination with Law Enforcement Agencies	18
2.3	No-Cost Medical Services	19
2.4	Procedural Changes in Prosecuting Rape	22
CHAPTER 3:	MONITORING AND EVALUATION	29
3.1	Monitoring SRCC Operations	30
3.2	Evaluating the Stop Rape Crisis Center	31
3.2.1	Process Goals: Developing Innovative Procedures and Involving the Community	32
3.2.2	Impact Goals: Increasing the Rates of Reporting, Arrests, and Convictions	33
CHAPTER 4:	REPLICATION	39
4.1	Affiliation with the District Attorney's Office	40
4.2	Coordination with Law Enforcement Agencies	42
4.3	Coordination with the Medical Community	43
4.4	Educating the Public	44
4.5	Volunteer Training	45
4.6	Considering Legislation	49
4.7	Costs and Budgeting	50

		Page
Appendix A:	Volunteer Application	53
Appendix B:	Anonymous Report Form	57
Appendix C:	Contents of Rape Evidence Kit	63
Appendix D:	Escort Counselor Duty Report	67
Appendix E:	Victim Information	73
Appendix F:	Questionnaire	77
Appendix G:	Training Materials	83

CHAPTER 1
INTRODUCTION

1.0 The Rape Victim's Dilemma

She thought he really was a salesman when she opened her door and let him in. But almost immediately she realized her mistake.

Rape. This can't be happening to me, she thought... but it is.

After the shock wears off, she considers her dilemma: She is too ashamed to tell her family, too scared to call the police. Her first thoughts are to forget the whole thing--but she can't. She wants her assailant caught and punished. But she feels so alone. She must tell someone, but whom? What will her family think? Will the police and the courts believe her?

The dilemma of whether to report a rape is faced by thousands of rape victims. For many the answer is no. Although regrettable, the response is understandable. The rape victim has long been the victim of the popular but false belief that "she asked for it." Police, prosecutors, and medical examiners have been accused by many rape victims of insensitive and unsympathetic behavior. Social service agencies are often ill-equipped to deal with the rape victim's special needs.

And so, a pattern has emerged: the lack of support from the community, and the low priority given rape cases by police and prosecutors alienate victims and discourage many from even reporting assaults. Those victims who persevered to the trial

stage have found themselves "put on trial" as defense attorneys grilled them about their own sexual histories. It's not surprising that actual rapes far exceed the number reported to police. Nor is it any wonder that many women who do report later refuse to prosecute.

The irony of the situation is that when rape victims, police, prosecutors, and the general community can't work together effectively, they unwittingly perpetuate the pattern. The result: rapists remain free to victimize others--again and again.

1.1 Origins of the Baton Rouge Stop Rape Crisis Center

In Baton Rouge, Louisiana, citizens, local criminal justice and medical personnel have worked together to break this pattern. In May 1974, a committee of the Baton Rouge YWCA organized a Stop Rape Task Force, comprised of community leaders and other concerned women. After researching available literature and contacting similar organizations throughout the country, the Task Force learned that rape is a severely under-reported crime; law enforcement officials estimate that nationwide between 10 and 50 percent of all rapes are reported to police.

The Task Force identified several factors contributing to the low reporting rates. Rape cases typically occupy a very low priority within law enforcement agencies and prosecutors' offices. Victims are apprehensive about divulging intimate details of the crime with male investigators and prosecutors during trial preparation. Rape victims are particularly reluctant to take their case to trial--understandably so, since rape trials have long been notorious for demeaning and degrading cross-examination of the victim.

Turning their sights homeward, the Task Force found that rape statistics in Baton Rouge mirrored those of the rest of the country:

- Estimates of actual rape incidence ranged from four to nine times the number of rapes reported to police;
- Of rapes that were reported, only about one-third resulted in an arrest; and
- Only 3 percent of rape prosecutions resulted in a conviction.

The Task Force also found that Baton Rouge seriously lacked supportive services for rape victims. There were very few places a victim could get counseling or medical services. Indeed, the only public resource available was a general Crisis Line operated by Louisiana State University, but it was not designed to provide the intensive support so desperately needed by rape victims in the moments following an assault.

A rape hotline staffed by volunteers was started with the telephone number 383-RAPE. However, the Task Force soon recognized that rape victims needed more than just counseling over the telephone. They needed help in bringing their cases to trial and putting their assailants behind bars.

The women began to explore the idea of joining forces with a criminal justice agency. They approached the East Baton Rouge Parish District Attorney, newly elected in 1972. He had already expressed an interest in making rape a high priority in his office, and agreed to support the establishment of a rape crisis center if the Task Force could secure adequate funding, and if the Task Force would permit the program to be run out of the District Attorney's Office.

With a grant awarded by the Law Enforcement Assistance Administration, the Stop Rape Crisis Center began operations in July 1975.

1.2 Goals of the SRCC

At the outset, the DA and the Task Force envisioned two sets of goals for the SRCC:

Victim Support Goals--

- to develop innovative procedures for law enforcement and medical agencies that would reduce the victim's psychological and physical trauma;
- to involve the community in the delivery of program services.

Criminal Justice Goals--

- to increase the reporting of rape; and
- to increase the number of arrests and ultimate convictions of rapists.

The DA recognized that the two sets of goals could be mutually supportive: rape victims who have been treated competently and sympathetically in all their contacts with the criminal justice system might be more favorably inclined to cooperate with the system in prosecuting their assailants. The end product would be higher arrest and conviction rates.

To forge a clear link between the two sets of goals, the SRCC was created as one of ten special service programs in the District Attorney's Office.* As chief spokesman for the program, the DA sought to enlist the support of every official a rape victim encounters when she reports the crime: the law enforcement

* The other nine programs are: Appellate Section, Family Law, Pre-Trial Intervention, Worthless Check Section, Victim/Witness Assistance Bureau, Senior Citizens Advocate Bureau, Complaint Section, Economic Crime and Fraud Section, and T.I.P. (Turn In a Pusher) Crime Line.

officer who responds to her call for assistance, the doctor who examines her, the prosecutors who take her case to trial, even mental health workers who provide aftercare.

The responses of these agencies and individuals attest to the DA's success. The Baton Rouge Police Department created a Sex Crimes Investigation Unit of specially trained officers, and the sheriff's department added trained officers to its General Investigation Division. Two private hospitals donated their staff and facilities for examination of rape victims. Twelve doctors volunteered to perform the medical exams. In the DA's Office, a system of vertical prosecution was introduced, whereby each case is assigned to a single prosecutor, who in turn is assigned to a single courtroom and judge. Victims no longer need to repeat their stories as they enter each new stage of the prosecution. Lastly, a community mental health center agreed to provide follow-up counseling to rape victims at no charge.

The SRCC escort counselor's constant companionship encourages the victim to prosecute the assailant.

1.3 Legislative Reforms

Even as the fledgling Stop Rape Crisis Center began to take shape, the East Baton Rouge Parish District Attorney spearheaded legislative lobbying efforts of the Stop Rape Task Force and the Louisiana Association of District Attorneys. The result was two major changes in state law which greatly enhance the prosecution of rapists.

The first change declared evidence of the victim's prior sexual conduct (unless it involved the accused) inadmissible in court. For many rape victims, the anticipation of this line of questioning had been a major barrier to reporting and prosecuting the crime.

The second statutory change broadened the jury's discretion in reaching a verdict in a rape case. According to Louisiana law, four potential crimes of rape exist: aggravated, forcible, simple and carnal knowledge of a juvenile ("statutory rape," under the age of consent) which carries the least punishment. Prior to 1975 the only possible verdicts were guilty or not guilty as charged, or guilty of an attempt of the particular crime charged; suspects could not be convicted on a lesser charge. As a result, prosecutors often under-charged or merely charged all rape cases as "simple" rapes to avoid not guilty verdicts in cases where testimony concerning force (and/or apprehension) was not persuasive. This tactic, of course, reduced potential sentences and had the effect of limiting the prosecutors' ability to make the crime of rape a priority. Under the 1975 amendment, however, the lower gradations (except carnal knowledge of a juvenile) became lesser included offenses upon which the jury could convict in the absence of a conviction on the original charge. Thus, prosecutors were able to charge as they deemed appropriate without fear of acquittal when the jury believed the rape occurred but questioned the amount of attendant force.

1.4 Project Staffing

Because rape is not just a women's problem but a community problem, like every other crime, the DA and the Task Force sought to involve the community in the SRCC's activities. Here, their success is reflected in the Center's staffing arrangement. The SRCC employs only an administrator and a secretary. Both work full-time and are members of the District Attorney's staff. Both are trained counselors and provide direct services to victims during the working day. Supplementing the efforts of Center staff is a large cadre of volunteers--60 women from the community, specially trained to provide crisis counseling and support (see below and Chapter).

The administrator oversees the day-to-day operations of the SRCC and serves as liaison between the project and other agencies. A considerable portion of her job is devoted to community relations activities and representing the SRCC at civic functions. She maintains a heavy schedule of speaking engagements with student groups, law enforcement agencies, and employees of local businesses, and she is responsible for recruiting and screening volunteers. In addition, she organizes training programs for the volunteer staff and coordinates lectures by doctors, psychologists, police and prosecutors. As a victim counselor, the administrator is available on a 24-hour basis if the volunteer on duty needs a back-up for any reason.

The secretary is primarily responsible for coordinating the schedules and activities of the volunteers. She also collects statistics, publishes a monthly newsletter, and coordinates the training program. During the day, the secretary handles the telephone hotline. She also prepares the rape evidence kits for use during medical examinations.

In June 1978, the City Council of the City of Baton Rouge and the Parish Council of the Parish of East Baton Rouge adopted ordinances adding the Center's paid staff to the budget of the District Attorney's Office.

1.5 The SRCC Approach to Rape Crisis Assistance

The rape victim typically contacts the Center via its 24-hour hotline telephone number. Regardless of the time of day or night, her call will always reach a counselor directly, not an answering service or a recording. A special telephone service* automatically forwards calls from the SRCC office to a counselor's home during non-working hours.

The counselor offers the victim immediate advice and support and explains the reporting procedure. If the victim feels uneasy about reporting the crime to police, she is encouraged to file an anonymous report with the SRCC counselor. Information concerning the attack and the assailant is valuable to police investigators, who have solved at least three cases with the help of anonymous reports. Victims who choose not to report are still given crisis counseling and are referred to community agencies for further assistance.

If the victim decides to report the crime to police, she will be accompanied by a trained escort counselor from the time she reports the crime through the medical examination, investigation by police and prosecutor, preparation for trial, and throughout all trial hearings.

A police officer takes the victim to the hospital, where she will meet the SRCC escort and the assistant district attorney who will handle the case. She is quickly ushered into an examining room that has been set aside expressly for the care of rape victims. The doctor performing the exam uses a rape evidence kit that includes instructions and all the equipment necessary to collect and preserve physical evidence required for trial. These kits were developed jointly by the District Attorney's Office and medical advisors, and are prepared by Center staff.

---

* The call forwarding system is generally available through the American Telephone and Telegraph system, at relatively low cost.

With the SRCC escort by her side, the victim is interviewed by the police officer and the assistant district attorney after the medical exam. This interview is recorded on tape, and this recording can later be used by the police and attorneys to relieve the victim from having to retell and relive the story of her attack. The police officer then takes her home. If a suspect is arrested, the SRCC escort will be the victim's constant companion throughout all the law enforcement and court proceedings that follow.

1.6 Outstanding Features of the SRCC

Many rape crisis programs provide services similar to those offered by the SRCC. One in particular is the Rape/Sexual Assault Care Center of Des Moines, Iowa, designated an Exemplary Project in 1976. Yet there are several features of the SRCC that make it equally outstanding.

Affiliation with the DA's Office

The most important distinction of the SRCC is its placement within the District Attorney's Office. This position greatly enhances the Center's credibility in dealing with other criminal justice personnel, community agencies, the public-at-large, and potential and actual rape victims.

Indeed, the DA's active sponsorship of the rape program has proved to be a definite "plus" in many ways. Beginning in the DA's Office itself, his support guarantees that rape cases will get priority attention from prosecutors. In fact, prosecutors in Baton Rouge handle rape cases in much the same manner as homicides and armed robberies.

Coordination Among Participating Agencies

The DA's enthusiasm for the project played a large part in the Center's early stages. Largely due to his efforts, representatives of the police and sheriff's departments and local physicians all participated in the planning of the SRCC. Both the police and the sheriff have instituted standard operating procedures to ensure that all rape victims are treated fairly and

equally, and that a SRCC counselor is involved in all rape cases. Similarly, the involvement of medical advisors in developing an examination protocol and designing the rape evidence kits guarantees that medical needs and evidentiary requirements will be met simultaneously.

No-Cost Medical Services

One of the SRCC's most impressive achievements is its approach to providing emergency medical treatment for rape victims. At no cost to the victim or the project,

- two hospitals provide private treatment rooms for rape victims in their emergency departments, laboratory facilities, and the assistance of specially trained nursing staff; and
- twelve physicians volunteer their time on an on-call, rotating basis, to perform medical examination of rape victims.

Again, the District Attorney's efforts were instrumental in fostering the good will and support of the medical community.

Volunteer Involvement

The importance of community support for the project cannot be overstated. More than 60 women are active as volunteer escort-counselors and hotline operators. The volunteers are so valuable to the SRCC that the DA issues them cards identifying them as representatives of his office. Because the volunteers are so highly professional in their work, law enforcement officers in Baton Rouge do not share the skepticism that police often display towards rape programs and their objectives.

The Stop Rape Crisis Center is also served by a volunteer Advisory Board, whose primary functions are to advise the SRCC administrator and the District Attorney on policy matters and to keep them aware of community needs and concerns. The Board has also been helpful in publicizing the SRCC's services, establishing forums for community education activities, and recruiting volunteer counselors.

The Advisory Board's 19 members are representatives of community service agencies, the police department, the sheriff's department and the two local universities--Louisiana State University and Southern University--along with other concerned citizens. Candidates are recommended by City-Parish Council members and selection decisions are made jointly by Center staff and the DA. Membership may be increased or composition of the Board altered as the DA deems appropriate. The Board meets quarterly.

Educating the Public

To introduce the SRCC to the people of Baton Rouge, local television and radio stations broadcast a series of public service announcements at no cost to the project. These media spots focus on dispelling common myths about rape, and direct listeners to call the Center's hotline for assistance or information. The Center's director and members of the Advisory Board are much in demand as speakers for classes and meetings. In addition, the Center distributes brochures offering prevention tips and information on reporting the crime. Plans are underway to develop a brochure based on rape incident data collected by the Center.

1.7 Results and Costs

Although the SRCC was started with LEAA funding, since July 1978 it has been fully funded by the City/Parish of Baton Rouge. Thanks to the generous contributions of time by volunteers--as counselors, Advisory Board members, and examining physicians--the SRCC's annual budget is only $40,000. This budget covers salaries, rent, supplies and utilities--everything the Center needs to function.

The costs are low, but the returns--in terms of goal achievement --are substantial:

Victim Support Goals...Achieved

Clients surveyed by the Center gave it high marks in alleviating the anxiety and embarrassment frequently suffered by rape victims.

Eighty-six percent rated the SRCC's services as "excellent," and the remaining 14 percent described them as "good."

Criminal Justice Goals...Achieved

With its 24-hour hotline, anonymous reporting alternative and police liaison, the SRCC has made reporting rape in Baton Rouge, and the subsequent police investigation, substantially easier. Thus, it is not surprising that the arrest rate for reported rapes has climbed from 38 percent to 69 percent, and the conviction rate has jumped from a meager 3 percent to an impressive 89 percent.

1.8 Guide to the Manual

All of the issues touched upon in this introductory chapter are discussed in greater detail in the subsequent chapters. It is hoped that this manual will serve as a useful aid to those seeking to improve existing rape assistance programs, as well as to potential replicators of the Baton Rouge approach.

Chapter 2 traces the steps which follow a rape victim's call to the Stop Rape Crisis Center. The SRCC's special services for rape victims are highlighted throughout the chronology of events, as are certain procedures which contribute to the Center's overall efforts.

The achievements of the Stop Rape Crisis Center are presented in Chapter 3 in the context of a general discussion of monitoring and evaluation.

Chapter 4 focuses on those components of the Stop Rape Crisis Center which deserve particular consideration in replicating the project. Among the topics included in this chapter are project sponsorship, coordination with other agencies, legislative issues, and project costs. Finally, attached to this manual as appendices are several documents used by the Center which may be of use in planning and operating a similar project.

CHAPTER 2
PROJECT OPERATIONS

The SRCC's services are not unusual in themselves; many rape crisis programs offer similar, if not identical, services. Rather, its major strength is its approach to service delivery. In keeping with its philosophy that rape is a community problem, the SRCC has called on significant sectors of the community to work with the Center in its mission to assist rape victims. The enthusiastic response from law enforcement agencies, the medical community, and the general public has allowed the Center to adopt an organizational arrangement and delivery style that greatly enhance the quality of treatment accorded to the rape victim.

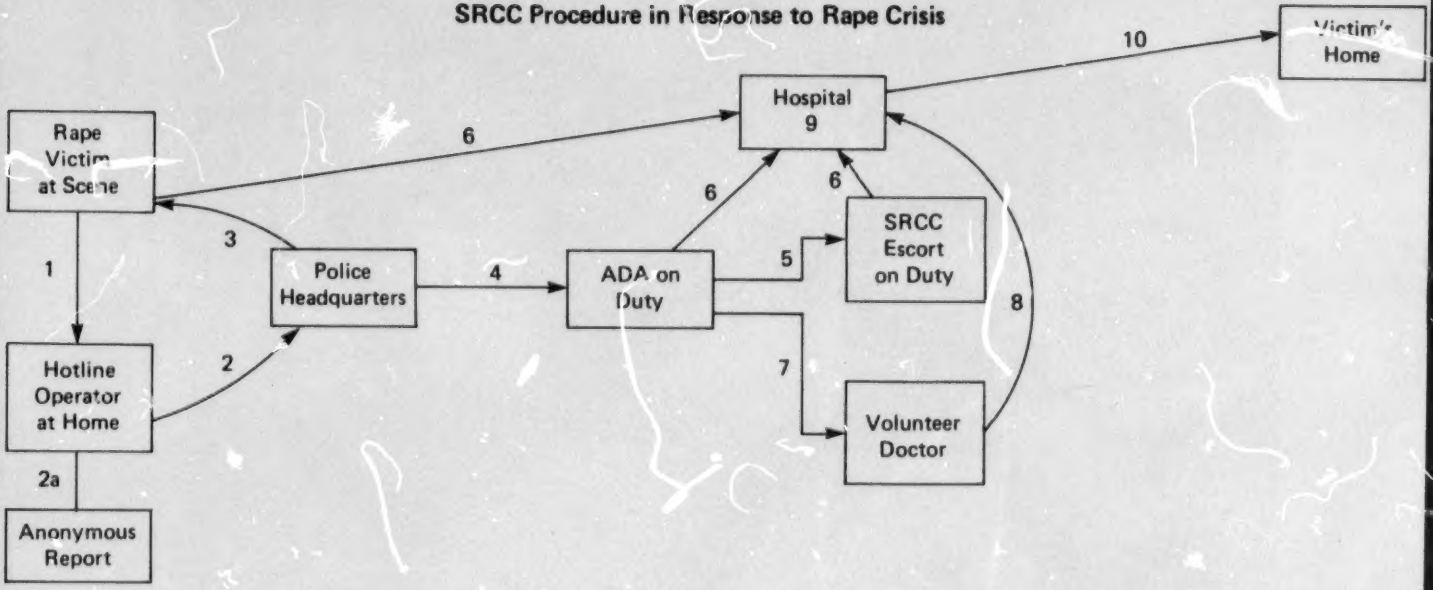
In this chapter, the SRCC's services are detailed with particular attention focused on some important aspects of the SRCC approach to service delivery: the volunteer component, coordination with law enforcement agencies, no-cost medical services, and procedural changes in prosecuting rape. In tracing the sequence of SRCC services, the reader may find it helpful to refer to the diagram on the following page.

2.1 The Volunteer Component

From the very start of the rape program, victim support services have been provided largely by volunteers. The first group of volunteers to work with the Center were enlisted through the local Junior League chapter. Presently, more than sixty women serve as active volunteers for the escort-counselor service and as crisis phone operators. Many of these women were individually recruited by SRCC staff or Advisory Board members. Others have responded to recruitment campaigns for volunteers which have appeared in all local media. A few are rape victims themselves,

Figure 1

SRCC Procedure in Response to Rape Crisis



LEGEND:

1 – Victim calls SRCC hotline from scene
2a – No report to police; files anonymous report
2 – Reports to police; hotline operator makes call
3 – Police dispatcher sends team to victim
4 – Police dispatcher notifies assistant district attorney
5 – ADA calls SRCC escort-counselor
6 – ADA and counselor meet victim and police at hospital
7 – ADA calls volunteer doctor
8 – Doctor goes immediately to hospital
9 – Doctor performs medical exam; police and prosecutor interview victim with SRCC counselor present, and tape record her statement
10 – Police and counselor take victim home

EPILOGUE:

- Counselor contacts victim daily for a week, less frequently thereafter
- May meet with family, friends
- If necessary, refers victim to long-term counseling
- If arrest is made, counselor will accompany victim to all subsequent proceedings

who were helped by the Center in their time of need and who then volunteered to help others.

Prospective hotline operator and escort-counselor volunteers are carefully screened by the Center administrator regarding their motivation, commitment and crisis counseling skills (see volunteer application form in Appendix A). If selected, volunteers must attend a twelve-hour training program sensitizing them to the needs of rape victims in crisis, to the role of the Center, and to relevant medical and legal issues. (See Section 3.5 for more detailed discussion of the training program.) Once they complete the training, volunteers are certified as representatives of the SRCC and given an identification card from the District Attorney's Office. To remain on active status, each volunteer counselor must sign up for at least two shifts per month. Volunteers must also attend monthly meetings chaired by the District Attorney to discuss the prior month's activities and to continue their training.

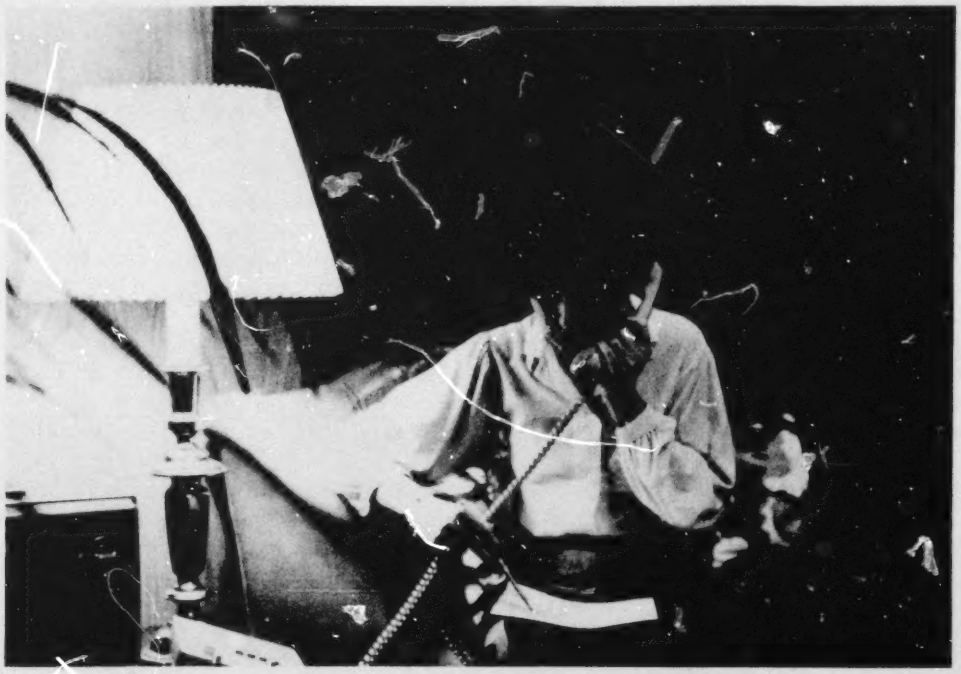
The emphasis on training and regular participation in the program is an important aspect of the SRCC's success in using volunteers. By enforcing the volunteer's involvement in regular activities, the SRCC is able to sustain a level of interest and enthusiasm which is known to easily wane in volunteer programs. Moreover, the degree of professionalism exhibited by the volunteers is one of their strongest assets in dealing effectively with law enforcement officers, the medical community and the rape victims themselves.

Twenty-Four Hour Telephone Hotline--The SRCC's services are publicized on local radio and television stations and on billboards. In all announcements, rape victims are encouraged to call the hotline number, 383-RAPE. Project staff answer calls during business hours; after hours, the volunteer on duty receives all incoming calls in her own home through a call forwarding system.* This way, the victim has direct access to a counselor

* The call forwarding system is a standard service of the American Telephone and Telegraph system in which incoming calls are automatically transferred to a preferred forwarding number. The system simply requires the "key-in" of a code number and the preferred telephone number and a "key-off" when the phone should be switched back to standard service.

24 hours a day without going through any intermediary such as an answering service.

Mary was at home operating the Stop Rape Crisis Center hotline when the phone rang about 9:30 p.m. The caller said her name was Marcella. She had just been raped in the parking lot in front of her apartment.



A Center volunteer receives a crisis call at her home via an automatic call forwarding system.

Mary's first concern was Marcella's physical condition. Fortunately, she was not badly beaten, bruised, or bleeding. Marcella wanted to report her rape to the police but was apprehensive. She had heard how awful and embarrassing involvement with the police could be. Mary was reassuring as she told Marcella exactly what reporting the crime would involve and described the services provided by SRCC to help rape victims cope with this process. Although Mary explained to Marcella that she always had the option of providing details of the

incident anonymously to aid police in determining if other rapes had been committed by the same assailant, she stressed the importance of reporting the crime so that the assailant might be caught.

Anonymous Reporting System--The support, counseling and information services of the hotline are available to any victim, whether or not she chooses to report the assault to the police. If, however, despite strong encouragement from SRCC counselors to report the crime, the victim does not wish to reveal her identity, she can still supply details of the incident and her assailant for the police by filing an anonymous report. This is important in the event that the man is a repeat offender and a collective profile or "modus operandi" can be established to lead to his arrest. Moreover, reporting anonymously strengthens the victim's case if she later decides to report the crime to police. Now and then a victim changes her mind about reporting because the police already have the suspect in custody on another rape case and her additional testimony would increase the likelihood of a conviction.

Law enforcement officials in Baton Rouge recall at least three cases in which anonymous reports were helpful in solving other rape cases. For example: Several rapes had occurred in the River Road Area. Two were reported through the Center to the police. Two others in the same area were reported anonymously to the Center. By comparing the detailed accounts of these two victims with those of the victims who had reported to the police, the suspect's M.O. was established. He had told each victim that his father had been in the Air Force in North Carolina, that he was lonely and wanted a girl friend; and he covered each victim's face with a towel or cloth. Further, he had given his first name to one of the victims who had filled out the anonymous report form. Through these clues and extensive investigation, the assailant was arrested, tried and convicted, and is now serving time in prison.

A copy of the anonymous report form is in Appendix B.

Reassured by Mary's clear support and understanding, Marcella decided to report the crime to the police. Mary asked for her full name, home phone number and where she was calling from. She told Marcella not to bathe or disturb the scene of the crime so that the police and medical examiner could collect important evidence. After she hung up, Mary called Marcella back to verify the phone number and location. Then she notified the police. Mary's job was done.

2.2 Coordination with Law Enforcement Agencies

To ensure that law enforcement goals and procedures would be consistent with the Center's goals and procedures, both the city police and the sheriff's departments were involved in the planning process.* As a result, both the police and the sheriff have given rape cases high priority. In the Baton Rouge Police Department, the Sex Crimes Investigation Unit has exclusive responsibility for investigating rape cases. While the General Investigation Division of the Sheriff's Department handles homicides, thefts and rapes, personnel are specifically trained in investigation of sex crimes and the needs of victims.

The police and sheriff's departments follow identical standard operating procedures developed in conjunction with the DA's Office for investigating rape cases and providing services to the victims. Under these standard procedures, police take a statement from the victim at the scene of the crime, primarily to determine the extent of the victim's injuries, to collect possible evidence at the scene and to assemble the facts of the incident for the investigator who will pursue the case. Further questioning concerning the details of the rape itself, particularly the potentially embarrassing questions, takes place at the hospital in the presence of the SRCC escort-counselor.

---

* Although the police and sheriff have overlapping jurisdiction in downtown Baton Rouge, the two agencies have established an effective cooperative arrangement whereby the sheriff handles more rural areas and the police are responsible for the urban core of the parish.

2.3 No-Cost Medical Services

Two private hospitals in the Baton Rouge area have agreed to provide all services related to the examination of rape victims free of charge to the SRCC's clients. In each hospital one examining room is available for priority rape victims. The victim is taken to the closer of the two hospitals, where she is ushered into the special examining room, thereby avoiding lengthy, embarrassing waits in sometimes congested emergency room waiting areas. Admission, nursing and laboratory staff received training from the hospitals and SRCC staff to sensitize them to the unique needs of rape victims and the standard operating procedures to be followed.

The examining physician's role in the SRCC program is doubly critical, for he is in a position to address both of the Center's major goals. That is, by attending to the victim's immediate medical needs promptly and respectfully, he helps to reduce her anxiety and trauma. By collecting all the evidence needed to support the prosecution, he enhances the probability of conviction.

Twelve local physicians donate their services to the Center as part of its free medical program for rape victims. One physician, a specialist in emergency room procedures, acts as a liaison with other physicians, hospital staff and the SRCC. The other volunteer doctors include two general practitioners and nine OB/GYN specialists. All have been specially trained in the rape victim's medical and human needs. At the beginning of each month they draw up an on-call schedule for themselves.

Doctors with the best of medical expertise and intentions can easily hinder a successful prosecution because they do not understand evidentiary requirements. In Baton Rouge, this problem was remedied by designing a standardized examination protocol and a rape evidence kit. To ensure that the collection of evidence would meet both medical standards and prosecutorial requirements, the rape evidence kits were developed jointly by the DA and medical personnel. The kit contains all the materials to collect and preserve medical evidence as well as procedural instructions for the examination. (Appendix C lists the contents

The SRCC escort counselor assists a victim directly to a special examining room at the hospital.

of a rape evidence kit.) The kits are prepared by the SRCC secretary and stocked in the hospitals' special examining rooms. The Center's cost per kit is $2.97.

The police dispatcher who took Mary's call sent a team of officers to the scene of the crime to secure it, and to take Marcella to the hospital. The dispatcher then called the assistant district attorney on duty at his home and reported the incident. The assistant DA called Janet, the SRCC escort-counselor on call that evening, and told her to meet him and the victim at Lane Memorial Hospital.

When Janet arrived at the hospital, she and Marcella were left alone in the special examining room set aside expressly for rape victims. Janet talked to Marcella, trying to help her relax and to determine how upset she was by the incident. It was Janet's responsibility as well as the assistant district attorney's to learn enough about the incident to decide if a rape had actually been committed. From Marcella's story, it seemed clear that she had been raped. Janet explained that a medical examination would be necessary, both for her well-being and to collect medical evidence that might help convict the assailant. Meanwhile, the assistant DA called the volunteer doctor on duty.

Personal Escort-Counselor Services--The escort-counselor's responsibility is to assist the victim and when necessary, represent her interests in discussions with police and prosecutors. After helping the victim to relax, the counselor and the assistant DA talk to her about the incident. Since some allegations of rape later prove (or are admitted) to be false, the counselor tries to determine the accuracy of the allegation by inquiring whether penetration and ejaculation occurred. The victim's responses and her emotional state are generally reliable indicators of the true nature of the incident. If the victim has declined to talk about these details in the presence of the assistant DA, the SRCC counselor's impression is usually accepted. Assuming the victim's story is legitimate, the assistant DA calls the volunteer doctor* while the counselor explains to the victim

* The volunteer doctor is not summoned when the reported rape occurred more than 24 hours earlier and the victim is over 17

the need for a medical examination and the procedure to be followed. If the victim chooses, the counselor will remain in the room during the examination.

2.4 Procedural Changes in Prosecuting Rape

The Trial Bureau of the Baton Rouge District Attorney's Office is staffed by both prosecutors and investigators.* There is no single assistant district attorney assigned directly to the SRCC staff; rather, all assistant DA's in the Trial Bureau have rotating, week-long "on-duty" assignments. When a rape is reported, police notify the assistant district attorney on-duty, regardless of whether an arrest has been made.

Involving the prosecutors in a rape case from the outset, i.e., before an arrest has been made, has at least two advantages. First, rape cases have the benefit of two investigators: one from the law enforcement agency and one from the DA's Office. Further, legal advice provided by the DA's staff during the investigation may help to prevent oversights that could hinder a successful conviction. Homicide is the only other offense given this priority.

The District Attorney also instituted a system of vertical prosecution. Under this procedure, one assistant district attorney handles the case from start to finish so that the victim

---

years of age. It is impossible to collect medical evidence after 24 hours have elapsed. Instead, the SRCC counselor will make an appointment for the victim to be examined at the doctor's office. Victims less than 17 years old are examined by the volunteer doctor at the hospital regardless of the interval between the incident and the report, in deference to their special needs for sensitive treatment.

* The investigators' primary function is to locate and interview witnesses. While they do maintain separate case files, they assist the primary law enforcement unit in charge and do not take the initiative unless requested to do so by the police or sheriff.

The volunteer counselor comforts the victim and prepares her for the upcoming examination and interview.

is not shuffled from one prosecutor to another at each stage of the case. Moreover, since assistant DA's are assigned to specific courtrooms, the same judge will hear all proceedings on a single case. This procedure has been formalized in the Parish's Rules of Court and applies only to the crimes of murder, rape, and armed robbery.

One of the major obstacles facing prosecutors in rape cases is the victim's reluctance to tell her story repeatedly at multiple court appearances. The DA has instituted several new procedures to alleviate this problem. In East Baton Rouge Parish, prosecution of capital offenses, i.e., aggravated kidnapping and first degree murder, is initiated by Grand Jury indictment. All other prosecutions are typically initiated by filing a Bill of Information. Because of the gravity of a rape offense, however, most rape cases are initiated via indictment. When a Bill of Information is filed, there is no need for a hearing or any testimony by the victim. When an indictment is required, the DA has instructed his staff to "make every effort to provide sufficient evidence to the Grand Jury for an indictment without requiring the victim to appear and testify." Further, it was decided that in rape cases, no plea bargain can be made without the victim's consent.

Another innovation in the prosecution of rape cases is tape recording the victim's statement to substitute for a personal appearance at Grand Jury hearings, where hearsay evidence is admissible. This procedure has been credited with convincing more women to prosecute their assailants since they are subjected to the trauma of testifying fewer times. Although the Baton Rouge District Attorney was able to implement this technique informally, without legislative action, in other jurisdictions statutory change may well be necessary, if it is possible at all.

A final innovation was made possible because in the 19th Judicial District of Louisiana, which encompasses East Baton Rouge Parish, the DA controls the scheduling of trials. In his Policy and Procedure Manual, under guidelines for "Priority of Cases," it is stated that "murder, rape and armed robbery must be given highest priority." Thus, rape cases cannot be left languishing on the sidelines of the court's calendar.

The assistant district attorney records the victim's statement.

The police and the assistant district attorney needed to take Marcella's statement after the examination. Only one police officer, the assistant district attorney, and Janet were present during the interview with Marcella. Her statement was taped so that the tape could be used in place of a personal appearance before the grand jury.

The interview with police and prosecutor may take place either in the special hospital emergency room or, if the victim prefers, in the SRCC's lounge. The presence of the SRCC counselor, who is supportive of the victim and helps to ease the embarrassment of the pointed questions that must be asked, contributes to a more comfortable and productive interview.

Marcella was driven home by the police, accompanied by Janet. Each day of the following week, Janet called to offer support and answer questions. Early in the week Janet met with Marcella and her parents to help them understand what had happened. After the first week, Janet kept in contact with Marcella, although not as frequently.

Follow-Up Services--Escort-counselors provide supportive and counseling services to victims strictly on a short-term basis. Should the victim need professional long-term counseling, the SRCC has arranged for its clients to receive services free of charge at the Margaret Dumas Mental Health Center in Baton Rouge. The Mental Health Center is a community facility providing out-patient counseling and psychiatric services on a sliding fee scale basis, depending on income. Under its contract with SRCC, the Mental Health Center may also participate in training the volunteers.

In addition to working with the victim, the SRCC's counselors are available to help the victim's family cope with the crisis and its aftermath. Sometimes families are less able to cope with the situation than the victim herself and can hinder the victim's adjustment by their own fears and insecurities about rape. The escort-counselors help them to dispel myths about rape and to understand how their reactions affect the victim. These services are especially important when a child has been raped. Sometimes the child has more trouble dealing with her parents' anger, shame and hostility than with the rape itself, which she may be too young to understand.

> *Two weeks later a suspect was arrested. Janet accompanied Marcella to the police station for the line-up where Marcella identified her assailant. Both women were in court for each required appearance until the case was concluded. Janet tried to prepare Marcella for trial as much as she could based on past experiences. As a result, Marcella was not surprised or threatened by any of the proceedings. Although the trial was difficult for her, she was pleased when the jury found the man guilty.*

Assistance During Prosecution--If a suspect is arrested, the SRCC escort-counselor apprises the victim of what to expect in court and accompanies her to all court appearances. Center staff advise each counselor as to her cases' status in court so that the counselor can, in turn, tell her clients. As part of their training program, volunteers become familiar with the legal system and, after some experience in helping victims, can answer questions and provide emotional support through all aspects of the legal proceedings.

Because the SRCC is located across the street from the courthouse, the victim can wait in the Center's lounge until she is called to testify. She is spared the anxiety of waiting in the courthouse corridors where she is subject to the stares of strangers, court personnel, and worst of all, the friends and family of the accused.

CHAPTER 3
MONITORING AND EVALUATION

Assessment of Stop Rape Crisis Center performance takes place on two levels: day-to-day monitoring of program operations, service delivery, and client characteristics; and periodic evaluation of the Center's effectiveness and impact. Both forms of program assessment are important to the Center's continued operations.

Monitoring is particularly valuable as a tool of program management and resource allocation. It involves tallying the number of calls received, services rendered, certain characteristics of each offense reported (such as location, time of day, day of week), offender characteristics and victim characteristics. By collecting these data on a daily basis, and summarizing them periodically, program monitors can develop an overview of project services and clientele and based on that information, reallocate project resources if necessary.

To illustrate, a tally of the number of rapes reported by day of the week may reveal that a much greater number of rapes occur on weekends. Based on that information, a program manager may decide to assign extra back-up counselors for weekend duty. Or, where a city's population is geographically dispersed and the data indicate that certain areas suffer a higher incidence of rapes, the program may want to recruit more volunteer counselors from the affected neighborhoods to reduce their response time to crisis calls.

Evaluation, on the other hand, is a means of measuring a program's impact. It usually involves a preliminary compilation of baseline or pre-project data, for comparison with similar types of data gathered after project inception. For example, the SRCC compares reporting, arrest, and conviction rates from before and after the Center began operations. Positive findings (in this case increased reporting, arrest, and conviction rates) constitute a program's strongest justification for continued funding or other local support.

This chapter discusses the measures used by the Stop Rape Crisis Center to monitor its daily operations and to demonstrate its impact on the problems of rape in Baton Rouge.

3.1 Monitoring SRCC Operations

SRCC's escort-counselors complete a report on every case they handle (see Appendix D for reporting forms), which includes descriptions of the offender, his modus operandus, the time, the geographical location, the setting (e.g., victim's house, a car, open field, etc.), and demographic characteristics of the victim. Hotline operators collect much of this same information for victims who prefer to report anonymously. The staff secretary uses the McBee Keysorting card index system to record this information. In this system, all relevant data on each case, from initial report to the Center or police to length of sentence imposed, is coded and punched by hand on a single large index card, which is updated as events occur. (A sample card is displayed in Appendix E.)

Victim, offender, and offense characteristics are sometimes used by law enforcement officials in experiments regarding patrol strategy. Although the data collected to date are not sufficient to generalize about the conditions under which rapes appear most likely to occur, Baton Rouge police report that many of their stereotypical notions about rape have been proven wrong. For example: rapes do not typically take place in "bad neighborhoods" or "dark alleys," nor do rapes simply involve "low-class, provocative women." The police were

also surprised by the number of rapes that take place in women's homes by men that the women are able to identify from some previous (not necessarily social) contact.

Eventually, the SRCC plans to use these rape statistics in developing a community specific, citizen-oriented informational brochure to supplement its other publications that offer prevention tips and reporting information.

3.2 Evaluating the Stop Rape Crisis Center

Evaluation of rape assistance programs is particularly difficult. Increased sensitivity toward rape victims, spawned by the women's movement, makes it virtually impossible to separate a program's direct effect on reporting, arrest and conviction rates from changes which would have occurred even in the program's absence. For example, many women may be more willing to report simply as a result of this growing sensitivity, just as many juries may be more sympathetic to the victim's plight and more willing to convict. Also, this attitudinal change could have affected police investigation techniques and priorities independent of the project's existence. Finally, legislative changes being instituted throughout the country have profoundly affected enforcement and prosecutorial tactics and the victim's experience within the criminal justice system. In short, the creation of the SRCC was not an isolated event and must be viewed in historical perspective, both as an outgrowth of new attitudes toward rape and as a potential force in changing these attitudes.

Nevertheless, the SRCC has developed valuable information about the effectiveness of its role in response to the rape problem. Data have been collected to measure each of the project's four stated goals:

- to develop innovative procedures for law enforcement and medical agencies that would reduce the victim's psychological and physical trauma;

- to involve the community in the delivery of program services;
- to increase the reporting of rape; and
- to increase the number of arrests and ultimate convictions of rapists.

The first two goals are process goals; the latter two are impact goals.

3.2.1 Process Goals: Developing Innovative Procedures and Involving the Community

That the SRCC has developed and instituted innovative procedures has been amply demonstrated in the previous chapters describing SRCC operations; these include the anonymous reporting form, standardized medical evidence kits, tape recorded statement, and others. To assess the quality of the rape center's services, since Spring 1977 SRCC clients have been given a questionnaire to fill out approximately one week after their contact with the Center. Sample questions include: how good is counseling, how relevant is the information on the hotline, how helpful were the police, the escort-counselors, the doctor and medical staff. The questionnaire is attached as Appendix F. Victim questionnaires are analyzed by Center staff and the results are discussed at the Center's monthly meetings.

The victims' responses have been strongly positive. Eighty-six percent rated the SRCC as "excellent" and the remaining 14 percent described it as "good." Ninety-eight percent found the escort-counselor to be helpful. Only 74 percent of the respondents regarded the counselor as sympathetic; project personnel believe this somewhat negative perception may be due to the counselor's need to get critical information from the victim at a time when she is most upset.

The victims' perceptions of their treatment by enforcement personnel are impressive. Ninety-six percent of the victims responding to the questionnaires categorized their treatment by

law enforcement personnel as either "excellent" or "good." Enforcement personnel scored over 90 percent on questions pertaining specifically to promptness, courtesy and professionalism.

The extent of community involvement in program services can easily be determined from a roster of community residents serving the Center in some capacity. Since the Center began operations, more than 100 women have been trained as volunteer counselors. Nineteen local residents sit on the Center's Advisory Board, and twelve doctors volunteer their services as examining physicians. In addition, two private hospitals donate their laboratory facilities and staff to the SRCC's clients.

3.2.2 Impact Goals: Increasing the Rates of Reporting, Arrests, and Convictions

Since beginning operations in July 1975, the SRCC has maintained statistics on rape reports in East Baton Rouge Parish as part of its standard procedures. Each month these figures are cross-checked with the police and sheriff's departments and then forwarded to the monitor at the Louisiana Commission on Law Enforcement and Administration of Criminal Justice (the State Planning Agency). Unfortunately, however, rape reporting data for Baton Rouge prior to the SRCC's inception are incomplete. In attempting to analyze reporting activity before and after the onset of SRCC operations, two measures of pre-project reporting data are used.

The first analysis of reporting activity is shown below in Table 1. These data are considered to be over-inclusive because they include reported assaults on women that never amounted to an actual rape or rape attempt.

For another view of pre-project reporting patterns the Baton Rouge Police Department's reports of forcible rape were examined. The reports in Table 2 differ from those in Table 1 in that they include only the city reports (Table 1 includes all of

Table 1

Number of Rape Cases Reported in East Baton Rouge Parish

Year	Number of Reported Rapes	% Change from Prior Year
1974	98	--
1975*	100	+ 2%
1976	123	+23%
1977	121	-1.6%
1978**		

* SRCC was operational for six months (July-December) of 1975.

** Data for 1978 are reported only for January through August, when the SRCC was designated an Exemplary Project. During that period there were 73 rapes reported.

Table 2

Forcible Rapes Reported to Baton Rouge Police Department 1971-1977

Year	Number of Rapes	% Change from Prior Year
1971	17	--
1972	29	+70.6%
1973	38	+31.0%
1974	39	+ 2.6%
1975 (Project begins operation in July)	46	+18.0%
1976	61	+32.6%
1977	84	+37.7%
1978*		

* Data for 1978 are reported only for January through August. During that time, 58 rapes were reported to the Baton Rouge Police Department.

East Baton Rouge Parish) and they do not include cases of simple rape (rapes committed either without force or cases in which the victim was incapable of consenting for a reason other than age) or carnal knowledge of a juvenile (statutory rape).

Both Table 1 and 2 appear to demonstrate sizable increases in reporting of rapes shortly after the SRCC began operations. However, these data do not tell us whether a larger percentage of rapes are being reported or whether more rapes are being committed. Moreover, the apparent increase in reporting rates cannot be attributed solely to the SRCC's activities. National victimization surveys show a general, nationwide increase in rape reporting. The increase in the number of reports in Baton Rouge is of comparable magnitude, and may possibly reflect a general trend toward greater cooperation between victims and the criminal justice system.

Arrest and conviction data are tabulated by the SRCC staff and checked monthly in the same manner as the report data. As Table 3 illustrates, the percent of reported rapes cleared by arrest in Baton Rouge nearly doubled from 37.8 percent in 1974, the pre-project year, to 69.4 percent in 1977, and decreased slightly to 67 percent in 1978.

Table 3

Reported Rapes Cleared by Arrest (Baton Rouge)

Year	Number Reported	Number Cleared by Arrest	%	Percent Change from Previous Year
1974	98	37	37.8	--
1975	37*	13	35.2	--*
197[illegible]	123	56	45.5	+10.3%
1977	121	86	69.4	+23.9%
1978**				

* Cases reported are limited to those in which the SRCC was involved, i.e., July-December 1975.

** Data for 1978 are reported only for January through August. During that period of time, 32 of the 73 reported rapes were cleared by arrest.

Conviction data are critical to assessing a prosecution-oriented project. Of 160 rape reports during the SRCC's first 18 months,* 63 (39.4 percent) charges were filed. From the time SRCC began operations in July 1975 through December 1977, the District Attorney brought 43 rape cases to trial resulting in 38 convictions or guilty pleas, or a convicton rate of 88.4 percent.** This compares favorably to the three percent conviction rate achieved in 1974, the year before SRCC was established.

A further indicator of prosecutorial success is sentencing. Data are available on 32 of the 38 sentences in Baton Rouge (see Table 4).***

Table 4

Sentences for Convictions in Baton Rouge

Sentences	
Probation – less than 1 year imprisonment	9 (28%)
1 - 5 years imprisonment	8 (25%)
6 - 10 years imprisonment	1 (3%)
11+ years imprisonment	12 (38%)
Juvenile Institution or Mental Health Facility	2 (6%)
	32 (100%)

* It is impossible to separate out only the first 12 months. It would also be misleading to include the 1977 and 1978 figures because many of those cases are still active.

** It is important to note that while all of these cases originated with a charge of rape, not all of the convictions are on rape charges. Some of the convictions and sentences in Table 4 are on non-rape charges due to reduction or dismissal of the initial charges of rape. Some of the sentences were imposed for both a rape charge and another crime.

*** Three cases which originated in 1977 resulted in convictions in 1978. The sentences for these cases were: one year at hard labor in prison, two concurrent ten-year prison terms, and one natural life sentence without benefit of probation or parole.

Although sentence length may depend on variables such as judicial discretion and mitigating or exacerbating circumstances, Baton Rouge has achieved a relatively large proportion of sentences in excess of 10 years. The majority of offenders did, however, receive sentences of five years or less.

CHAPTER 4
REPLICATION

The SRCC has taken a two-pronged approach to the problem of rape. This is reflected in the project's goal statement:

Victim Support Goals

- to develop innovative procedures for law enforcement and medical agencies that would reduce the victim's psychological and physical trauma;
- to involve the community in the delivery of program services;

Criminal Justice Goals

- to increase the reporting of rape; and
- to increase the number of arrests and ultimate convictions of rapists.

What makes the SRCC truly exemplary is the way in which victim service goals and criminal justice goals are melded within a single project. The complementary nature of the program's goals has served to bridge the traditional gap between social service agencies (counselors and medical personnel) and criminal justice agencies (law enforcement officers and prosecutors). The underlying assumption inherent in the project's development and goals is that a rape victim who receives supportive services will be more likely to report the crime and to cooperate with the prosecution. Thus, accomplishing the first two goals is a giant step toward accomplishing the latter two goals.

Another concept reflected in these goals is that rape is not solely a women's problem. It affects the entire community; therefore the entire community should be involved in its resolution. Thus, SRCC's approach to winning the cooperation of diverse groups should be a prime consideration for potential replicators. This issue is addressed in the first three sections of this chapter: affiliation with the District Attorney's Office, coordination with law enforcement agencies, and coordination with the medical community. Other topics important to the operation of a successful rape crisis program--educating the public, legislative reform, training and costs--are also discussed.

4.1 Affiliation with the District Attorney's Office

The National Institute's Prescriptive Package: Rape and Its Victims* notes the controversy and conflict that frequently arise between feminist organizations and the traditional conservatism of the District Attorney's Office. The Baton Rouge Stop Rape Crisis Center overcame initial problems by placing the program in the DA's Office, but hiring the program director from outside the DA's staff.

The SRCC's organizational location within the DA's Office is perhaps its most distinguishing feature. Other common rape program affiliations include medical agencies, mental health centers and police departments. For a thorough discussion of the advantages and disadvantages of these alternatives, including the special considerations of an independent program, see Rape: Guidelines for a Community Response,** a Program Model commissioned by the National Institute.

---

* Lisa Brodyaga, et al., Rape and Its Victims: A Report for Citizens, Health Facilities and Criminal Justice Agencies, National Institute of Law Enforcement and Criminal Justice (Washington, D.C.: Government Printing Office, 1975).

** Deborah M. Carrow, Rape: Guidelines for a Community Response, National Institute of Law Enforcement and Criminal Justice (Washington, D.C.: Government Printing Office, 1979).

The importance of the DA's support, particularly in the program's early stages, should not be underestimated. In many jurisdictions, the District Attorney is a rather prominent figure; as such, he commands a certain credibility and influence that can be used to great advantage. As discussed in Chapter 1, the Stop Rape Task Force met with little success in its efforts to launch a rape crisis program until the DA was invited to help. He opened crucial doors to the law enforcement agencies and the medical community, and instituted procedural changes in the DA's Office itself which helped to propel rape to a top priority status, on a par with murder and armed robbery. The DA's sponsorship was also effective in efforts to reform restrictive statutes.

One key to winning the DA's support for a rape assistance program is his status as an elected official (in most jurisdictions). He is responsive to his constituency. In Baton Rouge the Stop Rape Task Force did some background research on the facts about rape and succeeded in demonstrating to the DA the community's concern and the need for a victim assistance program.

Another point of interest to a District Attorney is his Office's record of success in achieving convictions. In many jurisdictions, the offense of rape suffers embarrassingly low conviction rates, as in Baton Rouge, where before the advent of SRCC only three percent of all rape prosecutions had resulted in convictions. Although there are numerous factors which complicate the prosecution of rape, the increased victim cooperation that most rape assistance programs strive to achieve can only help the prosecutor's case. Indeed, in Baton Rouge the conviction rate jumped to 88 percent after the SRCC program was instituted.

One unresolved issue in the prosecution of rape cases is whether such cases should be assigned to a female prosecutor, on the theory that only another woman could be sufficiently sensitive to the victim and her needs. The National Institute's Prescriptive Package: Rape and Its Victims* states that there is no research on the relative effectiveness of male and

---

* Brodyaga et al., Rape and Its Victims, p. 112.

female prosecutors. Instead, this document stresses the need for an experienced person in this role, urging that the decision be based on the person's qualifications as a prosecutor rather than on gender.

Finally, the rape program should be developed with the full involvement of the local public defender agency. The public defender's input will ensure that the program is sensitive to the rights of suspects and subsequent defendants.

4.2 Coordination with Law Enforcement Agencies

Winning the support of law enforcement agencies for a rape crisis program is crucial to the rape program's success. Since the police are frequently the victim's first contact after the crime, their response to her needs can be the turning point in her decision to cooperate further with the criminal justice system's efforts to apprehend and prosecute the offender. Moreover, the police are generally respected members of the community, and their overt cooperation with the program can help to stimulate and mobilize other community agencies to "pitch in" however they can.

To enlist the full respect and confidence of local law enforcement agencies, their voice should be heard in every phase of initial program planning. By involving police representatives early in the planning process, problems unique to the police perspective can be anticipated long before they become barriers to the program's operations. The planning process itself often generates a mutual respect among the planners, thereby increasing the likelihood that police will accept the rape program's escort-counselors as "professionals" in efforts to assist the victim. In Baton Rouge, the counselor's presence at the police interview with the victim is accepted and does not hinder the police in any way. The SRCC boasts that because of this rapport, the police have not handled a single rape case without first notifying the Center.

When inviting law enforcement agencies to join in planning a rape program, attention should be drawn to the possibility of improving their "track records," particularly for clearing rape cases and apprehending rapists. With the assistance of an escort-counselor, a trained police officer can help the rape victim to relax and relate her story without fear of ridicule or disbelief. The quality of information gained about the assailant and the attack should be much improved--and so should the clearance and arrest rates for rapes. The SRCC's escort-counselors agree that the best orientation for police not familiar with the program is to actually work on a rape case with the SRCC volunteers.

For an in-depth review of the police response to rape, a series of reports* based on a national survey of 208 police departments offers both descriptive and prescriptive information. Individual reports are directed to the patrol officer, the sex crimes investigator, and the police administrator.

4.3 Coordination with the Medical Community

Hospital administrators contacted by the Baton Rouge DA found the SRCC concept extremely appealing. As private hospitals, they welcomed the opportunity to interact with other community agencies, and to demonstrate their interest in responding to community needs and problems. The SRCC program offered a chance to improve their public interest image despite their status as private institutions.

The volunteer doctors are obviously crucial to the Center's ability to provide quick and sensitive medical services to the rape victim. The doctors must be committed to the program concept, because in addition to their regular practices or emergency room duties, they agree to be called out on notice weekdays, weekends, and holidays. The ongoing volunteer doctor

---

* Battelle Memorial Institute Law and Justice Study Center, Forcible Rape: Volumes I-IV, National Institute of Law Enforcement and Criminal Justice (Washington, D.C.: Government Printing Office, 1978).

team in Baton Rouge recommends as a particularly effective source of potential "teammates" a listing of new doctors in the community. In recruiting new members, volunteer doctors stress that joining the volunteer team will help a new doctor become integrated and recognized in the community while simultaneously providing a critical community service. The doctors meet for dinner every several months (sponsored by the SRCC) to welcome new volunteers and to smooth out procedural or policy questions that arise from time to time. All new volunteer doctors are oriented to the program through these gatherings and in the hospital SRCC examining room by one of the more experienced doctors participating in the program.

The National Institute's Program Model, Rape: Guidelines for a Community Response,* provides an excellent overview of the medical service response to rape victim assistance.

4.4 Educating the Public

Publicity about the rape assistance program can serve a number of purposes: it can present the facts about rape; it can offer some prevention tips; it can generate a positive attitude toward the program and help to recruit volunteers; it can direct people to the program for more information or for help if they are victimized.

The Stop Rape Crisis Center has expended considerable energy in publicizing its program. During early project development a series of television and radio public service announcements was aired (at no cost to the project) to introduce people to the Center and to dispel some of the more common myths about rape. Two typical radio station announcements follow:

---

* Carrow, Rape: Guidelines for a Community Response.

Jean Wheeler's voice [local television personality]: We hope you'll never need the Rape Crisis Center. But we're here if you do at 383-7273. With 24-hour Counseling Service. We have some practical steps to combat the high and steadily increasing incidence of rape. Simple, but effective self-defense tactics for you. Advice on medical treatment, law enforcement and legal proceedings. 383-RAPE, write it down now. 383-7273. The Rape Crisis Center is a Division of the District Attorney's Office.

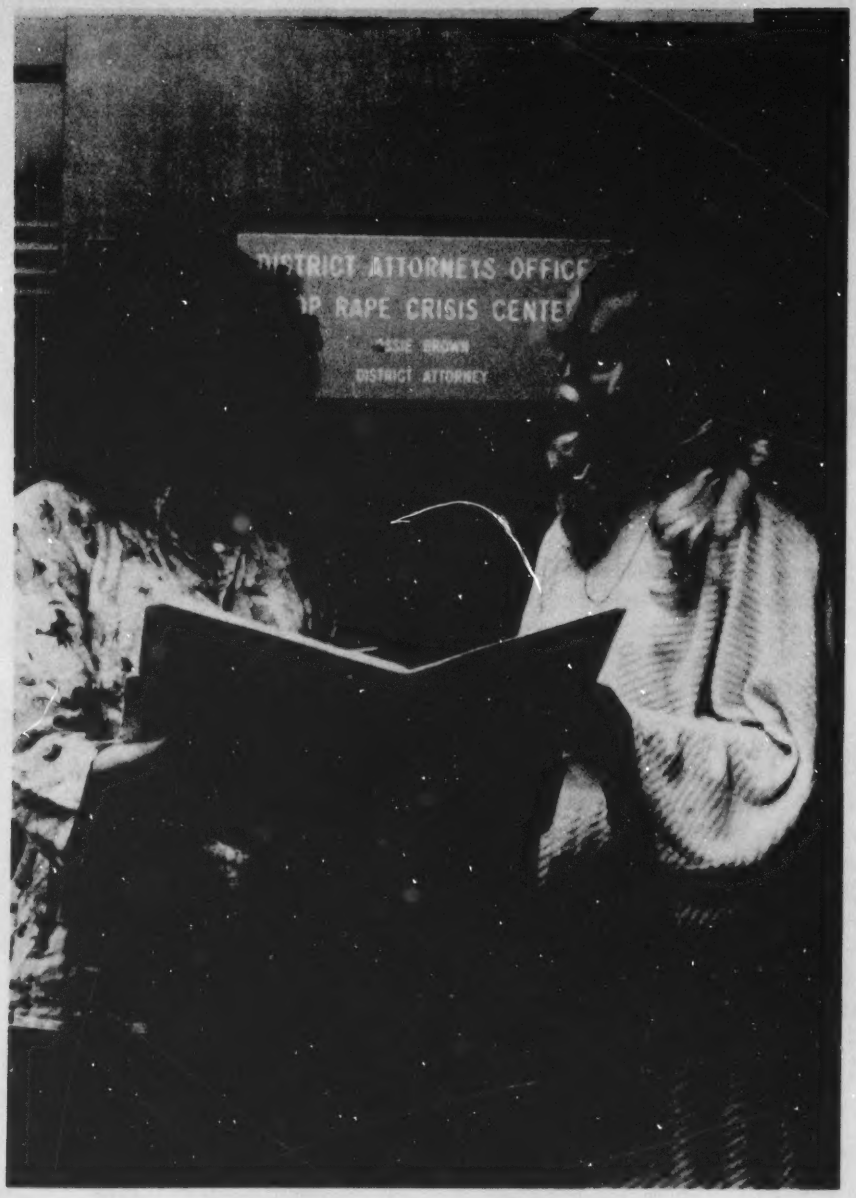
The myth: The typical rapist is a stranger to the victim.

I'm Ossie Brown [Baton Rouge District Attorney] and the fact is: A rapist isn't always some maniac hiding behind a garbage can. All too often, he's "good old Harry." In a 1973 rape survey, 7 of 10 victims said they'd known their attackers before the crime. Rape is an ugly crime and getting to be common in Baton Rouge and nobody is immune. 383-7273. Write it down. And pray that some creep like Harry doesn't force you to use it. 383-RAPE. The Rape Crisis Center is a Division of the District Attorney's Office.

The Center also publishes and distributes informational brochures and a monthly newsletter, which is mailed to the volunteer counselors, Advisory Board members, public officials, and rape crisis organizations in other communities. The SRCC administrator maintains a heavy schedule of speaking engagements at schools, clubs and businesses. Particularly effective are personal appearances by SRCC staff or volunteers at civic functions where the group has expressed interest in the program. The District Attorney also takes every opportunity to inform the community of the services available through the program.

4.5 Volunteer Training

Many volunteer programs suffer from high staff turnover and the unpredictable quality of volunteer services. To avoid these problems, the SRCC has specific rules regarding volunteer parti-



Two volunteer counselors review the status of a victim's case.

cipation and a detailed training program. Together, these measures help to ensure that all volunteer counselors can consistently deliver top-notch services. SRCC escort-counselors are considered to be representatives of the DA's Office and are expected to meet all standards applied to other professionals in the office.

Volunteers are trained both as hotline operators and as escort-counselors so that they can perform either duty. In fact, the training course is not restricted to volunteers; law enforcement officers, medical professionals and attorneys from the DA's Office often play a dual role, as trainees and trainers.

The twelve-hour training course is given every four months. By repeating the training course at regular intervals, the same program can be used as an introduction to the Center and its services for new volunteers, and as a "refresher" in-service course for seasoned counselors. SRCC staff report that four months is an optimal period for ensuring that new volunteers receive training soon after they join the program.

The Stop Rape Crisis Center's principal training tool is the "Volunteer Training and Information Manual" which describes the SRCC's procedures in handling rapes and problems the volunteers can anticipate in working with sexual assault victims. The Guide contains information taken from other rape crisis centers across the country as well as from the Phone Crisis Counseling Center in Baton Rouge, which has provided helpful guidance on telephone counseling techniques. The manual includes:

- Background data on the rape problem nationwide and in Baton Rouge
- A description of project services
- A job description for the escort-counselor
- An outline of project procedures
- Guidance on handling RAPE hotline calls

- Reprints of medical articles discussing the expected patterns of response among victims of rape
- Definitions of Basic Crisis Theory Terms
- A list of techniques for helping the victim
- Suggested procedures for medical examination of rape victims
- A section on the medical aspects of rape and the clinical aspects of rape counseling
- A resource directory of community services describing the services offered, when and under what circumstances to make a referral, and which agencies to avoid because of the known poor quality of services
- The Louisiana Law on rape

In a recent training session, the four evening meetings were scheduled as follows:

Meeting #1: *LEGAL DESCRIPTION: The District Attorney discussed types of rape, prosecution and trial proceedings, sentences given to those convicted, and the types of evidence and testimony that help to ensure conviction.*

Meeting #2: *MEDICAL DESCRIPTION: A representative of the State Police Crime Lab discussed the Rape Evidence Kit and necessary evidence required for court proceedings. A film was shown on the medical examination given by volunteer doctors at the hospital. A doctor spoke on the volunteer work of 12 area physicians. Birth control, venereal disease as it relates to rape victims, and counseling victims on these problems were discussed. Forms to be filled out on all cases for the office and the hospital were explained.*

Meetings #3 & #4: The last two sessions cover crisis counseling, i.e., how to deal with victims from initial contact (by phone or at the hospital) through the arrest, trial and conviction of the accused and referral to other agencies if further psychological counseling is needed. These sessions are conducted by a psychologist from the Mental Health Center.

Each volunteer completing the training session receives a certificate and an identification card from the District Attorney's Office. Because of the large number of volunteers participating in the program, the SRCC can be extremely selective, not using volunteers who perform poorly during training or volunteers who do not demonstrate the requisite commitment to the program. Appendix G contains excerpts from the training materials.

4.6 Considering Legislation

The laws of the jurisdiction in which a rape program is located can have a great deal of influence on the program's procedures, services, and its level of success. In planning the program, pertinent legislation should be reviewed to determine what barriers to successful prosecution may exist. Where these barriers are not severe, program planners may want to initiate the program even as they begin to lobby the legislature for appropriate changes in the legislation. If the statutory provisions are extremely restrictive, planners may consider mounting a concentrated lobbying effort to effect statutory changes before implementing any part of the program.

As discussed above in Chapter 1, in Louisiana, extensive lobbying efforts effected two major changes in the rape statute:

- the admissibility of evidence relating to the victim's prior sexual conduct was stricken; and
- the discretion available to juries in reaching their verdict was broadened by allowing convictions on lesser included offenses.

The National Institute's Prescriptive Package lists several other legislative strategies* that are being considered in various locales across the country. Some of these strategies are:

- Eliminating victim corroboration requirements that still exist in a few states for rape only.
- Clarifying the degree of force or resistance required to overcome the consent defense.
- Shifting the proof for showing that there was a lack of consent from prosecution to the defendant, as is done in other affirmative defenses.
- Circumscribing the use of cautionary instructions to the jury, such as "rape is a crime easily alleged and difficult to defend against."
- Changing mandatory death sentences for any kind of rape to more flexible sentencing options, perhaps by breaking the crime into degrees and lesser included offenses.

Both the National Institute's Program Model and the Battelle series** provide extensive discussion of the legal issues surrounding the prosecution of rape offenders.

4.7 Costs and Budgeting

Because the Baton Rouge Stop Rape Crisis Center relies on volunteers to deliver its services to victims, the program operates on a very small budget. Even the entire cost of

---

* Brodyaga et al., Rape and Its Victims, p. 103.

** Carrow, Rape: Guidelines for a Community Response; and Battelle Memorial Institute Law and Justice Study Center, Forcible Rape: An Analysis of the Legal Issues, National Institute of Law Enforcement and Criminal Justice (Washington, D.C.: Government Printing Office, 1978).

the medical services is absorbed by volunteer hospitals and physicians. The principal costs accrued to the project are the salaries of the project administrator and the secretary, supplies, space, utilities, and other direct costs. In smaller communities a project may need no more than a full-time director/counselor, particularly if a sharing arrangement for secretarial services can be negotiated with the District Attorney.

Between July 1975 and June 1978 (three years) the total expenditures of SRCC were $116,481, of which $87,361 were federal funds and $29,120 local money. These funds were allocated as follows:

Table 5

Stop Rape Crisis Center
Total Yearly Expenditures
for 1975-1978 Calendar Years

	1975*	1976	1977	1978*
Salaries	$19,594.60	$22,800.57	$25,184.37	$25,567.82
Supplies	3,858.06	5,796.69	2,677.14	6,664.42
Contractual Services	6,159.20	5,608.55	10,246.37	546.40**
Travel	400.42	742.72	307.28	1,958.30
Equipment	15,533.80	3,803.21	172.99	00.00
TOTAL EXPENDITURES	$45,546.08	$37,751.74	$38,588.15	$34,736.94

* Expenditures for 1975 and 1978 have been annualized based on figures for July-December 1975 and January-June 1978.

** In February 1978 the Center moved to new offices provided at no charge by the East Baton Rouge City/Parish Government.

Between 1975 and 1977 the SRCC used $10,743 of its total budget for one-time expenditures including typewriters, desks, tables and chairs, and furniture for the lobby/sitting room area of the office. Since these expenses will not recur, they are subtracted from the yearly budget of the program to yield the operating budget:

1975 (half year):	$15,006.14
1976:	$25,071.86
1977:	$38,702.08

Other new programs may be able to obtain such items as office furniture and equipment by donation from a private source or as the in-kind contribution of local government. This is the first step in an expression of local commitment to the program.

In July 1978, the City/Parish of Baton Rouge allocated approximately $40,000 to the DA's Office to maintain the SRCC at its 1977 level. This action secured the Center's status when it became ineligible for further LEAA funding. Now that the SRCC is thoroughly "institutionalized" in the DA's Office, the volunteers (and the program itself) enjoy even greater credibility. At the same time, the city has more direct accountability for the public service offered to its citizens.

Conclusion

Rape victim assistance programs are proliferating in communities across the country. In essence, all are pursuing common goals: to ease the rape victim's trauma, to enhance the prosecution and conviction of rapists, and to prevent future assaults against women.

No one can completely erase an ugly incident from a rape victim's memory. But the Baton Rouge Stop Rape Crisis Center has demonstrated that the criminal justice system can join forces with the medical community and concerned citizens to make life a little easier for the victim, and a lot harder for the rapist.

Appendix A
Volunteer Application

BATON ROUGE STOP RAPE CRISIS CENTER
VOLUNTEER APPLICATION

I. PERSONAL INFORMATION

A. Name: _____

B. Address: _____

C. Phone: _____
(Home) (Office)

D. Race: _____

E. Age: _____

F. Religious Preference: _____

G. Place of Employment: _____

H. Length of Time in Baton Rouge: _____

II. List any outside activities (members of any organization and/or any other volunteer activities).

III. List any prior experience in dealing with people in crisis situations.

A. When? _____

B. How Long? _____

C. Where? _____

IV. EDUCATIONAL BACKGROUND

A. Highest Grade Completed: _____

B. Schools Attended: _____
(Name of High School)

_____
(Name of College)

V. MARITAL STATUS

A. Married B. Single C. Divorced D. L. Sep.

E. Spouse's Occupation (if applicable) _____

F. Number of Children and Ages _____

G. Is your spouse (or partner) in agreement with your participation in this program? Yes No

VI. Please state reasons you wish to volunteer for this program.

A. _____

B. _____

C. _____

D. If more space needed please turn page.

VII. Have you ever been a victim of rape or had a close friend or relative who has been raped?

VIII. Have you ever received counseling or psychiatric treatment for this or for any other reasons not rape related? Yes No

If yes, please explain.

IX. Are you interested in:

Phone Escort Both

Number of hours a month you are willing to work as volunteer: _____

X. Do you have your own transportation? Yes No

XI. Please list any other information you feel is pertinent to this office.

Appendix B
Anonymous Report Form

Stop Rape Crisis Center

Anonymous Report Form

Baton Rouge, Louisiana

I. VICTIM INFORMATION:

NAME: _____

ADDRESS: _____

_____

_____

PHONE#: _____

AGE: _____

RACE: _____

MARITAL STATUS: _____

EDUCATION: _____

OCCUPATION: _____

LIVING STATUS: _____
(ALONE, WITH FAMILY, WITH MALE OTHER THAN FAMILY, WITH FEMALE OTHER THAN FAMILY, NOT APPLICABLE)

RELATIONSHIP TO RAPIST: _____
(STRANGER, ACQUAINTANCE, FRIEND, RELATIVE)

II. ASSAILANT INFORMATION:

NAME(S): _____

_____

ADDRESS(ES): _____

_____

_____

PHONE#: _____

NUMBER OF OFFENDERS: _____
(IF MORE THAN ONE, PUT INFORMATION CONCERNING OTHERS ON BACK)

MARITAL STATUS: _____

OCCUPATION: _____

EDUCATION: _____

DESCRIPTION OF ASSAILANT(S):

AGE: _____ BUILD: _____

HEIGHT: _____ RACE: _____

WEIGHT: _____ FACIAL HAIR: _____

VOICE CHARACTERISTICS: _____

ANY IDENTIFYING FEATURES: _____

HAIR (COLOR, LENGTH, STYLE): _____

DRESS OR DISGUISE: _____

_____

IF NOT SEEN, ASK VICTIM TO DESCRIBE TEXTURE OF CLOTHING, HAIR, SMELL, ETC.: _____

_____

PHYSICAL STATE OF OFFENDER (USE OF DRUGS, ALCOHOL, ETC.): _____

_____

_____

III. THE ASSAULT:

DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

PLACE OF OCCURRENCE: _____
(HOME, ASSAILANT'S HOME, OTHER RESIDENCE, BUILDING BESIDES RESIDENCE, OUTSIDE, CAR)

GEOGRAPHIC LOCATION: _____ (NBR, SBR, EBR, DOWNTOWN, LSU AREA, SCOTLANDVILLE, BAKER, ZACHARY, RURAL, OUTSIDE PARISH, UNKNOWN)

OTHERS PRESENT: (WITNESSES, NOT OFFENDERS; CHILDREN, ETC.): _____

_____

DID ASSAILANT ALLUDE TO HAVING BEEN WATCHING THE VICTIM? (FOR EXAMPLE WAS ATTACK PREMEDITATED?): _____

_____

WAS VICTIM TRANSPORTED FROM ONE LOCATION TO ANOTHER? (DESCRIBE): _____

_____

_____

OFFENSES COMMITTED OR ATTEMPTED (BE SPECIFIC): _____

_____

_____

ANY RESTRAINTS USED ON VICTIM (i.e. WAS SHE TIED UP, BLINDFOLDED, ETC. HOW, WHERE, ETC.): _____

_____

_____

WHAT CLOTHING WAS REMOVED FROM VICTIM? WHO REMOVED IT? CONDITION OF CLOTHING? _____

_____

_____

WHAT CLOTHING DID ASSAILANT REMOVE FROM HIMSELF? _____

_____

_____

ANY ITEMS STOLEN? _____

_____

ANY INJURY TO VICTIM? _____

_____

ANY INJURY TO OFFENDER? _____

_____

ANY WEAPONS USED? DESCRIBE: _____

_____

COMMENTS OR THREATS TOWARD VICTIM DURING ASSAULT? _____

_____

_____

HAD VICTIM RECEIVED ANY OBSCENE, THREATENING CALLS BEFORE OR AFTER ASSAULT? _____

_____

DID OFFENDER HAVE CAR? DESCRIPTION? (ANY UNUSUAL SMELLS OR SOUNDS?)

_____

_____

ANY POSSIBLE WITNESSES IN AREA SURROUNDING ASSAULT? (DESCRIBE): _____

_____

ACTION OF VICTIM AFTER DEPARTURE OF ASSAILANT? _____

_____

_____

HAS VICTIM DISCUSSED INCIDENT WITH ANYONE ELSE? _____

WAS CALL MADE VOLUNTARILY OR BY PERSUASION? _____

ADDITIONAL COMMENTS OR OBSERVATIONS:

Appendix C
Contents of Rape Evidence Kit

S4

Appendix C

Contents of Rape Evidence Kit

ITEM	PURPOSE
A. 1 large bag (Alco)	Personal items are placed in this bag.
B. 1 medium bag (Alco)	Clothing of the victim is placed in this bag.
C. 1 small bag (Alco)	Under-clothing of the victim is placed in this bag.
D. 1 5" men's comb	Used to comb victim's pubic area to collect any loose hair (could be victim's and/or accused's, State Crime Lab determines to whom it belongs).
E. 1 Cervi-Scraper (Ayres)	Used to take scraping from the cervix.
F. 2 Purple-topped Vacutainers	Used to collect the victim's blood.
G. 2 Microscopic Slides	The specimens taken from the vagina and cervix are placed on these slides.
H. 1 Slide container	Holds the 2 specimen slides.
I. 1 Red-topped Vacutainer	Holds the vaginal washing; Crime Lab runs test for acid phosphatase from this washing.
J. 3 Small plastic bags	The matted pubic hair placed in 1 bag; the combed hair and the reference hair are each placed in separate bags.
K. 2 Culturettes	Used for swabbing the vaginal and cervical area for purposes of collecting specimen and placing on slides.
L. 1 Vial Saline Solution	Used to wash the vaginal cavity.
M. 2 Disposable needles and syringes	Used to collect blood which is put in Vacutainers.
N. 1 8" Intramedic Polytheline Tubing	Serves as a conduit for Saline Solution.
O. 1 small plastic bag	Used gauze placed in this bag after test.
P. 1 Cotton gauze pad (sterile individually wrapped)	Victim chews this for secretor test.
Q. 1 Set of Rape Evidence Kit Forms	Necessary forms for investigation; one copy each to the hospital, Crime Lab, and the Stop Rape Center.
R. 1 Plain label	Used for sealing the kit after all evidence has been placed inside.

The doctors are also asked to take samples from underneath the victim's fingernails (placed on microscopic slides) as she may have retained skin, hair or clothing scraped from the rapist. The importance of placing clothing and other evidence in the designated paper containers cannot be underestimated. Blood and semen stains deteriorate rapidly in plastic or airtight containers and have no value as evidence.*

*For a more detailed discussion of medical evidence in rape cases, see Bryant and Cirel, *An Exemplary Project: A Community Response to Rape – Rape/Sexual Assault Care Center, Polk County, Iowa,* National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice (Washington, D.C.: U.S. Government Printing Office), 1977, pp. 31-36.

Appendix D
Escort Counselor Duty Report

Baton Rouge Stop Rape Crisis Center

ESCORT COUNSELOR DUTY REPORT

DATE OF REPORT: _____ DUTY DATE: _____

VICTIM'S NAME: _____ RACE _____

ADDRESS: _____ PHONE # HOME _____

PLACE OF EMPLOYMENT: _____ WORK _____

DATE OF BIRTH: _____ MARITAL STATUS _____

LIVING STATUS: _____

HIGHEST GRADE COMPLETED: _____

ASSAILANT'S NAME: _____ RACE: _____

ADDRESS: _____

DATE OF BIRTH OR AGE: _____ MARITAL STATUS _____

INVESTIGATING DETECTIVES: _____

_____

DUTY ASSISTANT DISTRICT ATTORNEY: _____

DUTY INVESTIGATOR: _____

DUTY DOCTOR: _____

OFFENSE REPORT NUMBER: SHERIFF'S OFFICE _____ CITY POLICE _____

TIME OFFENSE OCCURRED: _____ TIME OFFENSE REPORTED TO POLICE _____

WHERE DID RAPE OCCUR? _____

DETAILED ACCOUNT OF INCIDENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PHYSICAL STATE OF VICTIM: _____

_____

_____

EMOTIONAL STATE OF VICTIM: _____

_____

_____

WHAT DID YOUR COUNSELING FOCUS ON? (E.G. DID YOU STRESS THE NEED FOR PREGNANCY AND V.D. TESTS? WERE ANY REFERRALS MADE? IF SO, TO WHOM?)

_____

_____

_____

_____

WERE ANY SPECIFIC ARRANGEMENTS MADE FOR A SUBSEQUENT CONTACT? _____

_____

_____

_____

LATEST STATUS OF CASE AT CLOSE OF INITIAL REPORT (REFERS TO ASSAILANT - IF KNOWN, WAS HE IN CUSTODY, OR TO BE ARRESTED? IF UNKNOWN, WERE ANY ARRANGEMENTS MADE FOR THE VICTIM TO LOOK AT MUGSHOTS, LINEUPS, ETC.? WHEN?)_____

_____

_____

_____

_____

DID THE VICTIM HAVE ANY COMMENTS (POSITIVE OR NEGATIVE) ABOUT THE SERVICES RECEIVED FROM THE HOSPITAL, DOCTOR, POLICE, DISTRICT ATTORNEY'S OFFICE, OR STOP RAPE CRISIS CENTER?_____

_____

_____

_____

_____

ADDITIONAL COMMENTS AND OBSERVATIONS?_____

_____

_____

_____

_____

_____

BATON ROUGE STOP RAPE CRISIS CENTER

CONTACT REPORT

SUBSEQUENT CONTACT #_____

VICTIM_____ DATE _____

ESCORT_____ INITIATED BY_____

DATE OF ORIGINAL CONTACT:_____

DURATION OF CALL:_____

PLEASE DESCRIBE IN DETAIL TOPICS DISCUSSED, REFERRALS MADE, FURTHER ARRANGEMENTS TO GET IN TOUCH, ETC.

BATON ROUGE STOP RAPE CRISIS CENTER

CRISIS LINE REPORT FORM

Caller's Name: _____ Counselor's Name: _____

Address: _____ _____

Phone: _____ Date of Call: _____

Male/Female: _____ Time of Call: _____

Black/White: _____ Length of Call: _____

Ever Called Before: _____

Subject of Call: _____ _____

Detailed Account: (continue on back, if necessary)

Disposition: Referral to _____

General Calls:

Hang ups: _____ Wrong number: _____ Pranks: _____

Appendix E
Victim Information

Appendix E

VICTIM INFORMATION

NAME:
CASE #:
AGE:
RACE:
MARITAL STATUS:
RELATIONSHIP TO RAPIST:
LIVING STATUS:
EDUCATION:
ADDRESS:

ACCUSED (SUSPECT) INFORMATION

NAME(S):
NUMBER OF ACCUSED:
AGE(S):
RACE(S):
MARITAL STATUS:
NATURE OF OFFENSE (AS ARRESTED):
EDUCATION:
PREVIOUS CRIMINAL RECORD:
ADDRESS(ES):

THE ASSAULT ITSELF

SCENE OF CRIME:
OTHER OFFENSES COMMITTED (AT TIME):
NATURE OF OFFENSE AS REPORTED:
DATE OF OFFENSE:
TIME OF OFFENSE:
TIME ELAPSED BETWEEN ASSAULT AND REPORT:
OTHER PARTIES PRESENT:
GEOGRAPHIC LOCATION:

CASE STATUS

DEADFILED:
CLEARED BY ARREST:
NATURE OF CHARGES (AS TRIED):
NATURE OF CHARGES (AS SENTENCED):
SEVERITY OF SENTENCE:
APPEAL:
TIME ELAPSED:
BETWEEN REPORT AND ARREST:
BETWEEN REPORT AND TRIAL:
BETWEEN REPORT AND DEADFILE:
BETWEEN REPORT AND FINAL SENTENCE:
SECTION #:

Appendix F
Questionnaire

BATON ROUGE STOP RAPE CRISIS CENTER

VICTIM FOLLOW-UP
QUESTIONNAIRE

I. POLICE

A. What is your opinion of how law enforcement (police) treated you?

Circle one:

Excellent

Good

Fair

Poor

Any comments: _____

_____

_____

B. Did law enforcement (police) handle your complaint promptly?

Yes _____ No _____

Did law enforcement (police) treat you courteously?

Yes _____ No _____

Did law enforcement (police) act in a professional manner?

Yes _____ No _____

C. Any other comments on law enforcement? _____

_____

_____

II. MEDICAL TREATMENT

A. What is your opinion of the hospital's facilities (treatment room, waiting room)?

Circle one:

Excellent Good Fair Poor

II. MEDICAL TREATMENT (Contd.)

A. Any comments: _____

_____

_____

B. Did the nurse(s) treat you politely?

Yes _____ No _____

Did the nurse(s) do their work efficiently?

Yes _____ No _____

C. Was the doctor polite to you?

Yes _____ No _____

Was the doctor prompt?

Yes _____ No _____

Was the doctor professional?

Yes _____ No _____

D. Any comments about the medical treatment you received? _____

_____

III. STOP RAPE CRISIS CENTER

A. How did you learn about the Stop Rape Crisis Center?

_____ Police

_____ Radio and T.V.

_____ Newspaper

_____ Hospital

_____ Other (please specify)

B. Whom did you first contact after the assault?

_____ Police

_____ Stop Rape Crisis Center

_____ Hospital

_____ Friend or relative

III. STOP RAPE CRISIS CENTER (Contd.)

B. _____ Other (please specify) _____

C. If contact was made with the Stop Rape Crisis Center's Telephone Li

Was the phone counselor helpful?

Yes _____ No _____

Was the phone counselor polite?

Yes _____ No _____

Was the phone counselor concerned?

Yes _____ No _____

Was the phone counselor sympathetic?

Yes _____ No _____

Any comments: _____

_____

_____

D. Was the woman from the Stop Rape Crisis Center who stayed with you during the reporting helpful?

Yes _____ No _____

Was she polite?

Yes _____ No _____

Was she concerned?

Yes _____ No _____

Was she sympathetic?

Yes _____ No _____

Any comments? _____

_____

E With your present knowledge of how rape victims who report are treate would you tell other women to report if they are raped?

Yes _____ No _____

III. STOP RAPE CRISIS CENTER (Contd.)

F. Do you plan to use the Stop Rape Crisis Center's counseling service to help you handle your feelings about the rape?

Yes _____ No _____

If not, why not? _____

_____

_____

G. What was your overall impression of the Stop Rape Crisis Center?

Circle one:

Excellent

Good

Fair

Poor

Any comments: _____

_____

_____

H. Do you have any suggestions on how the Stop Rape Crisis Center could better have assisted you? (Please be specific.)

_____

_____

_____

_____

_____

_____

_____

Appendix G
Training Materials

DESCRIPTION OF SERVICES
OFFERED THROUGH THE STOP RAPE CRISIS CENTER

A. Stop Rape Crisis Line

1. The Stop Rape Crisis Line operates on a 24-hour basis.

2. Paid personnel staff the phones at the Center from 8:30 to 4:30 Monday through Friday. In the evenings and on weekends and holidays, the volunteers answer the Line in their own homes.

3. The Crisis Line not only offers referral and information but also, and more importantly, acts as a supportive service. As a telephone counselor it is your responsibility to listen to the extent of your capacity and through exploration and assessment, utilizing available information and resources, enable the person calling to arrive at her/his own decision(s) concerning the problem. IT IS ALSO YOUR OBLIGATION TO GUARANTEE THE CALLER A NON-JUDGMENTAL ATTITUDE AND ABSOLUTE CONFIDENTIALITY.

B. Crisis Counseling Services

1. General Counseling Information

a. Many people are cautious and frightened in seeking help when they call the Crisis Line. As a telephone counselor you are to be sensitive enough to put the person at ease so that you will be able to help the person. Only by developing rapport and gaining the person's trust will you be able to help them; so take your time and share your interest and support with them.

C. Referrals

1. Referral to appropriate agencies and services is an important part of your job as a telephone counselor. Familiarize yourself with the community resources listed in the referral section of the training manual.

STOP RAPE CRISIS CENTER POLICIES

A. ALL CALLS AND RECORDS ARE CONFIDENTIAL AND ARE NOT TO BE SHARED WITH ANYONE OTHER THAN CRISIS LINE STAFF. If you ever discuss your experiences with anyone other than Crisis Line staff, use only your general feelings and reactions; never the specifics of any of the calls to the Crisis Line. VIOLATION OF CONFIDENTIALITY WILL RESULT IN IMMEDIATE DISMISSAL FROM THE STAFF.

B. Do not impose your moral or ethical values upon others. Leave personal biases at home. We are not here to judge people.

C. Reporting rape is not a prerequisite for services through the Crisis Line or Center. Our role is to help the woman decide for herself if she wants to report rape. We are open to anyone who needs our services.

D. DO NOT GIVE OUT THE NAME, PHONE NUMBER, OR OTHER INFORMATION ABOUT ANY OF THE STAFF. If this information is needed get the person's name and phone number and have the staff (volunteer) person call herself.

E. Scheduling for Crisis Line and/or Escort.

1. There is no minimum nor maximum time required insofar as services of the volunteers are concerned. It is hoped that each volunteer would offer to do two shifts monthly. However, any time that can be given will be appreciated.

2. Volunteers will be scheduled at the monthly meetings for dates for Crisis Line and Escort. You can schedule as far in advance as you wish, as the calendar will be posted at each meeting.

3. Volunteers interested in having a "vacation" on a regular basis are to notify the Center. Although this is flexible, it is preferable that "vacation" time be set up on a regular basis so that scheduling can be better coordinated.

F. Monthly Meetings

1. Meetings will be held on the third Thursday of each month at 6:30 P.M. The meetings will last no longer than two hours.

2. All volunteers must attend all meetings. If a volunteer cannot attend the meeting, she must notify the Center in advance about this. If a volunteer does not attend two meetings, she will be asked to meet with the Administrator to further discuss the situation. Should problems arise at any time for the volunteer the Administrator is accessible to meet with her.

3. Continued training will be provided through the monthly meetings. If you have suggestions for these mini-trainings, please notify the Administrator.

G. Forms and Follow-Up

1. Forms must be completed and a detailed description of each crisis related call must be recorded. This cannot be stressed enough. The information volunteers provide is necessary for smooth functioning of several components of service--so COMPLETE THOSE FORMS!

2. All calls must be relayed to the Crisis Center by phone within 24 hours of your duty shift. The completed form on all crisis-related calls must be at the Center within two days of your duty shift. Self-addressed envelopes are provided for this purpose.

3. Follow-up is a necessity. Be sure to let the Crisis Center staff know if you are unable to provide follow-up. If you provide follow-up, notify the Crisis Center staff of all contacts. COMPLETE THOSE SUBSEQUENT CONTACT FORMS AND HAVE THEM AT THE CENTER WITHIN TWO DAYS OF THE CONTACT. INDICATE ANY AND ALL REFERRALS AND WHETHER THE REFERRAL AGENCY WAS CONTACTED.

4. Files of all calls are available for your perusal. It is impossible to summarize all calls during meetings. Please try to review cases and become familiar with regular callers and what has been done on these cases.

5. Staff is available for consultation on calls. Do not hesitate to contact us to talk over cases. This can help you and can also help the victim.

H. Newsletter

The Stop Rape Crisis Center will publish a newsletter on Center activities, cases of special importance to volunteers, policy changes, etc. This will be distributed at each meeting. If you have suggestions, information or whatever to be included in the newsletter, notify anyone on the paid staff at the Center.

PROCEDURES

A. At this time, by means of the call forwarding system, the volunteer on call answers the phone in her own home.

B. Caller Data Forms

1. While on duty, any and all calls are to be recorded as to time and date of call.

2. Complete other information on the card as is applicable.

3. When applicable, give a detailed account of the call. Include as much information as you received from the caller, indicating emotional state of the caller, your impressions and what you did.

4. All information obtained from the Caller Data Forms will be used for statistical purposes, therefore accuracy is of prime importance.

C. Anonymous Reporting Forms

1. The Anonymous Reporting Form is to be used in situations in which the woman decides to report to the police through the Crisis Line but does not want to reveal her identity. Familiarize yourself with the form so you will not have to grill the woman but rather can encourage her to relate what happened as regards details.

D. Prospective Volunteers

1. If someone is interested in volunteering for the Crisis Line or Escort/Counselor, or whatever, take their name and phone number and relay the information to the Crisis Center; or, ask the person to call the Crisis Center at 389-3456.

2. The prospective volunteer will be contacted as to the details of the next training session.

E. Requests for Information

1. When in doubt of the exact answer to a general information question, refer all requests for information to the Crisis Center.

2. When information referrals are made to the Center, always get the name and phone number of the person requesting this information. The Crisis Center will then follow through in case the person does not call the Center.

F. Schedule Changes

1. Contact the Crisis Center immediately when changes in the Schedule are made.

2. Be sure to state who is taking your place and if you are taking someone else's place.

ANSWERING THE TELEPHONE

A. General Guidelines

1. Establish yourself as a helping person who wants to and can help. (Never say, "I am just a volunteer.") Tell them your first name. Demonstrate an actual potential for helpfulness immediately by showing concern for specific needs. These needs may be related to physical well-being, or they may be related to reduction of guilt or the relief of tension or

anxiety. Communicate a confidence in the caller's ability to deal with her own problem. Put out the positive contagion of hope "to counteract the hopelessness and helplessness generally associated with the first stage of stress impact."

2. With rape victims, begin by clearing away the possibility of danger and threat to the victim.

3. Learn about the physical state of the victim. If physical health is in danger, the first task is to get her medical attention. If guilt and anxiety are present to a degree, the caller is immobilized, then this must be dealt with in as much as her physical condition can warrant. Setting up a contract for action may be important here so that there may be further contact with the caller. Remember, unless you have provided for a way to get back in touch, the caller may be lost to you. (This is if you feel there is a need for further contact.) However, don't confuse an injured person with a lot of details about the problems ahead. Reach out to her and get enough information that you may follow-up the case or at least set up a situation where the caller will come back to you. It would be good to get her name and a telephone number where you can talk with her privately later. Then you may let her know that you will check back with her to see if she is alright and to give her some further information she may need.

4. Clarify the problem: Try to get as much information as you can or as much as the caller will give you. Be aware of what she says and what she has done thus far to help herself. It will give you a clue as to how she goes about her problem-solving and what strengths you can help her call on in making her plans for dealing with her situation. Listen to what she says and what she does not say--the THIRD EAR.

5. There must be explicit acceptance by the helping person of the disordered affect, irrational attitudes or negative responses; but this needs to be placed in a rational context of understanding and clarifying the natural history of these reactions. For example, what in the make-up of the caller might be causing her to act as she does?

6. Using our body of knowledge of medical, legal, and psychological resources, the helper then begins to assist the caller to formulate an outline for a course of action or a "contract." Specify the next step--what she will do, what you will do. Specify goals --have a clear method for client's return if contract breaks down.

7. The volunteer is not expected to know all the answers all the time. Usually, the caller herself has the answer and the volunteer can help her find it by focusing on the question. HELP HER MOBILIZE HER OWN RESOURCES.

8. In all probability, there will be calls from women who were raped quite a while back. With some of these calls, the volunteer may realize, or become aware of, serious emotional problems in the caller. Should this happen, the volunteer must make it clear to the woman that she (the volunteer) is not a trained, professional counselor, and should focus on helping the woman seek the services of a professional counselor.

9. The possibility exists that someone the volunteer knows may call the Crisis Line. Be aware of this and your own feelings which may come to the fore if you are ever faced with this situation. If possible, you may want another volunteer to handle this call. However, this may not be possible and you may have to help the woman yourself. If so, maintain your objectivity as much as possible and pursue the call as you would any other. Then, if necessary, call someone to talk to yourself!

10. Usual concerns of the victim on the phone include questions about whether or not she should report. You can help her with these by giving her knowledgeable information about the process of reporting. She may be concerned about venereal disease and pregnancy. Advise her that she can obtain the appropriate tests free of charge, and that needed treatment for VD is also free. She may have fears, of the assailant's return, of those close to her finding out about the incident, of simply being alone. Allow her to ventilate those fears. Take them seriously. She may be feeling

angry, at the rapist, or at the situation in general, and this may be sometimes misdirected at you. Assure her that she has every reason to feel angry, but keep in mind that she is not angry at you personally. In general, you should encourage her to discuss her feelings fully.

B. Chronic Callers and Crank Callers

1. Crank Callers

Phony, prank, and/or obscene calls are to be discouraged immediately, as soon as the call has been identified as such. Do fill out the Caller Data Form and note the type of call.

2. Chronic callers

People who call frequently with unsolvable problems.

a. Some may be trying to build trust and will eventually reveal their real problem; some simply need a listener on a frequent basis; and others will attempt to manipulate the staff.

b. A description of these callers will be available, as well as guidelines for handling these cases. Be sure to find out about these.

C. Referrals

Although not an integral part of crisis intervention theory, making a referral is an important valuable component of the closing of many calls. Following are basic principles relating to referrals.

1. Do not confuse the caller by referring her to three or four places at the same time. Establish a priority need and make one referral for that problem. The caller may always call back should the initial referral not work.

2. Be sure the caller clearly has the information. Repeat it or ask the caller to write it down.

3. Even when referring to private practitioners, don't give three referrals. That's a waste of time and an artificial sensitivity to being accused of loading up and favoring one practitioner over another. Put yourself in the caller's shoes. You called for help and somebody gave you three names and didn't clearly indicate to you which of the three she preferred--how would you feel?

4. Except in cases where it seems to you obvious that the caller will not be able to call on her own behalf, encourage the caller to contact the referral agency herself.

5. Discuss another agency's fee policy in general terms. Remind the caller bills will come to her at her home. She may not want this and may need to make other arrangements for paying.

6. Before making any referral, find out if the caller is in an active treatment relationship and then refer the caller back to the current helping person. Remember that very often callers will insist that the current helping relationship is worthless, when, in fact, they are commenting upon their own fear of impending change and decision. If you refer this call to somebody else you are, in effect, helping them to avoid change.

7. To provide continuity and express your concern it is worthwhile to suggest that the caller let us know how things worked out (were they appropriate? any hassles? if so, can we further help? etc.) They can call the Crisis Line, not necessarily a specific counselor. It is helpful to suggest to the caller that when she calls back she let the counselor know she talked with "Carolyn" a week ago and is letting us know how things are going.

8. Noting specifically all referrals given on the Caller Data Form is extremely important. The volunteer should try to contact the agency and let them know of the referral.

This information is in part from "Referral", February, 1974, The Phone.

STEPS TO FOLLOW FOR REPORTED RAPES
TO PHONE COUNSELORS

ENCOURAGE VICTIM TO REPORT BY EXPLAINING THE REPORTING PROCEDURES; IF SHE DECIDES TO DO SO, FOLLOW THE BELOW STEPS:

1) Check victim's physical condition.

2) Get victim's name, address, and phone number where she can be reached.

3) Advise the victim not to bathe or douche and to bring a change of clothes to the hospital with her.

4) Advise victim that you will contact law enforcement agency and they will send a unit to her location:

   a) Make check call for validity of report back to victim

   b) Call City Police (389-3800) if rape occurred in city limits

   c) Call Sheriff's Office (387-5971) if rape occurred outside city limits but within East Baton Rouge Parish boundaries.

   * If you are in doubt as to which agency to contact, call City Police first on 911 emergency number and you will be advised as to which agency will handle the call-out.

* At this point your role as a phone counselor is completed and the law enforcement agency will notify all other duty people.

* For your own information in case of an emergency, you will always be given the name and phone numbers of the assistant District Attorney and Investigator, and the escort/counselor on duty when you are keyed on for your phone shift; however, it is not necessary to contact any other duty personnel unless you are specifically requested to do so in relation to a case. This is strictly a safeguard by the Center should the need arise.

LISTENING SKILLS PROGRAM

BELOW ARE SOME EXAMPLES OF STATEMENTS MADE BY VICTIMS. WRITE IN THE BLANK LINES WHAT YOUR NEXT RESPONSE WOULD BE TO THE VICTIM.

"Why me? Why would anybody want to rape a 36 year old woman?"

_____

_____

"No, I will not give you my daughter's name and phone number. She's not at all interested in talking about this to anyone."

_____

_____

"I'm not sure what to do now. I'm really exhausted after all that questioning and yet I feel horrible. How can I get in touch with you whenever I need you?"

_____

_____

"Why don't they let me know when the hearing will be for sure? They've told me two dates so far and neither time did they get to my case. They just keep putting it off."

_____

_____

"I don't know what it's called. I don't know what he did with it." (six year-old victim)

_____

_____

"He said he'd kill me if I talk about it."

_____

EXEMPLARY PROJECTS REVIEW BOARD

Members of the Exemplary Projects Review Board in August 1978, when the Stop Rape Crisis Center in Baton Rouge, Louisiana was selected were the following:

State Officials

John Parton, Executive Director
Office of Criminal Justice Programs
Columbia, South Carolina

Paul Quinn, Director
Division of Criminal Justice
Department of Local Affairs
Denver, Colorado

LEAA Officials

Mary Ann Beck, Director
Model Program Development Division/ODTD
National Institute of Law Enforcement and Criminal Justice

Robert Diegleman, Director
Planning and Evaluation Division
Office of Planning and Management

James Howell, Director
National Institute of Juvenile Justice and Delinquency Prevention
Office of Juvenile Justice and Delinquency Prevention

Warren Rawles, Chief
Corrections Management and Facilities Branch
Office of Criminal Justice Programs

Benjamin Renshaw, Director
Statistics Division
National Criminal Justice Information and Statistics Service

James Swain, Director
Adjudication Division
Office of Criminal Justice Programs

James Vetter, Chief
Police Section
Office of Criminal Justi Programs

Henry S. Dogin
Administrator
Ex Officio

☆ U.S. GOVERNMENT PRINTING OFFICE : 1979—O-305-565